

**STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND AGRICULTURE  
ANIMAL HEALTH AND FOOD SAFETY SERVICES**

**INJURY & ILLNESS  
PREVENTION PROGRAM  
(IIPP)**

**DIVISION ADMINISTRATION  
Division Office  
Emergency Preparedness Support Unit  
Information Management Systems Unit**

California Department of Food and Agriculture  
Animal Health and Food Safety Services

*Injury and Illness Prevention Program*

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## **ATTACHMENTS**

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## ***Introduction***

Safety of the public and of employees is a prime consideration in all operations of the California Department of Food and Agriculture (CDFA). **No work is so important or urgent that it should be undertaken in an unsafe manner.** Personal injuries cause pain and inconvenience to employees and their families. They cost the State and employees in terms of money and morale, result in reduced service to the public, delay in implementing departmental programs, and create additional workload for employees who must carry on for the injured employee.

The CDFA is committed to maintaining an injury and illness-free workplace, and to complying with applicable laws and regulations governing workplace safety. To achieve this goal, the CDFA, as part of its Health and Safety Program, has developed and implemented this Injury and Illness Prevention Program (IIPP) as required by law (Title 8, Section 3203, California Code of Regulations).

### ***The goals of the Health and Safety Program are:***

- To promote and maintain the well being of CDFA personnel by the prevention of occupational injury and illness;
- To identify and eliminate hazards that endanger the health and safety of CDFA personnel;
- To reduce work interruptions and delays caused by accidents;
- To develop safety consciousness in CDFA personnel through their active participation in the IIPP; and
- To maintain and evaluate the effectiveness of the IIPP through periodic inspection and review of practices and procedures.

An effective Health and Safety Program is directly related to the dedication with which it is implemented by both management and employees. The CDFA expects and requires every employee to follow the goals and

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guidelines of this IIPP to ensure safety for themselves and for their fellow workers.

***Responsibilities***

***Department***

The Department shall establish, implement and maintain an effective IIPP.

***Division Directors***

The Division Directors are responsible for the following:

- Implementing the IIPP in their respective divisions.
- Appointing at least one safety representative who will represent the division at the Department's Health and Safety Committee meetings.
- Defining special operations or processes within their divisions and providing this information in writing to the Health and Safety Officer for inclusion in the IIPP.
- Supporting the IIPP through their annual planning and allocation of funds in support of the Department's health and safety goals.

***Branch Chiefs***

Branch chiefs are responsible for ensuring that their work areas are in compliance with the IIPP, Department policies and State directives. This includes the following:

- Including safety evaluations in subordinates' job performance appraisals.
- Recognizing employees who follow safe and healthful work practices.
- Reviewing supervisors' quarterly inspections for safety hazards.
- Developing an action plan for correcting safety hazards.
- Maintaining records documenting all actions taken to ensure compliance with Labor Code Section 6401.7 requirements.
- Ensuring that supervisor's conduct regularly scheduled safety-training sessions with their employees.
- Ensuring that occupational health and safety communication with employees is maintained.
- Assuring employees that they may report unsafe/unhealthful work conditions without reprisal.
- Returning an injured/ill employee to work as soon as possible following a work-related injury or illness.

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- Providing employees information for the prevention and/or reduction of health or personnel problems that relate to job performance.

***Supervisors/Managers***

Supervisors and managers are responsible for maintaining a copy of the IIPP and actively supporting and carrying out the program in their work areas.

This includes the following:

- Ensuring that all staff is following proper health and safety procedures.
- Keeping informed of existing health and safety standards and effective safe work practices.
- Analyzing all jobs to identify potential accident sources and establish job standards.
- Maintaining a file containing owner's manuals and operating instructions for all equipment.
- Posting operating instructions on or near all equipment, and applicable General Industry Safety Orders (GISO) in all work areas.
- Determining the knowledge and proficiency of each employee in the care, use, and limits of tools and equipment applicable to the assignment.
- Providing personal safety equipment for each employee, and ensuring that it is properly used.
- Ensuring that no employee (including seasonal, volunteer, and contract) is assigned a task without appropriate safety training.
- Conducting safety meetings on a regular basis.
- Considering each employee's health and physical abilities, limits, and condition in relation to an assignment's physical demands.
- Encouraging employees to discuss any hazards of their work before beginning the task.
- Establishing routine safety inspection of tools, equipment, machinery, and job practices and taking corrective action as indicated. Necessary corrective action that cannot be completed by the supervisor should be referred to the next supervisory level.
- Investigating and analyzing every reported accident or near-accident.
- Arranging for prompt first aid or medical treatment for injured workers (supervisor may insist employee seek medical treatment).
- Preparing the Employer's Report of Occupational Injury or Illness (SCIF 3067).
- Submitting an injury report within 24 hours.

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- **Immediately** reporting serious injury or death to the CDFA's Health and Safety Officer.
- Evaluating compliance with the health and safety program in performance appraisals.
- Recommending appropriate action when personal safeguards and safety equipment are not used in accordance with established procedures.
- Setting a good example by following all safety rules.
- Encouraging employees to suggest improvements.

***Employees***

It is the responsibility of every employee to follow proper health and safety procedures as outlined in this IIPP. Employees are responsible for:

- Participating in planning safe job practices.
- Understanding the operating instructions and job procedures before proceeding with job assignments.
- Clarifying operating instructions and job procedures with a supervisor or lead person when uncertain.
- Using provided safety equipment and equipment guards, and requesting additional or replacement safety equipment and equipment guards when needed.
- Carrying out assignments and maintaining work areas in accordance with safe job practices and warning signs and tags.
- Keeping physically fit and mentally alert to accomplish work without injury.
- Reporting any allergies, prescription or over-the-counter medication use, or physical condition that may be aggravated by or impair ability to carry out assigned duties.
- Reporting any unsafe job practices, conditions, tools, or equipment to a supervisor.
- **Reporting all accidents and near misses to a supervisor immediately**, whether or not anyone was hurt. Get necessary first aid or medical treatment at once.

***Site/Division Safety Coordinators***

Safety Coordinators are selected by management to assist in the implementation of the health and safety procedures for offices throughout the state. They are responsible for:

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- Assisting in the implementation and maintenance of the IIPP.
- Establishing a site health and safety committee.
- Addressing, with members of the site health and safety committee, any safety concerns at the site.
- Assisting supervisors and managers to investigate accidents or reports of unsafe conditions.

***Health and Safety Officer***

The Health and Safety Officer administers and maintains the IIPP and provides technical consultation and training on occupational health and safety issues for the CDFA. Included in these responsibilities are:

- Furnishing technical information to provide assistance in complying with the IIPP.
- Developing health and safety plans and programs.
- Inspecting CDFA facilities.
- Assisting in accident investigations.
- Gathering and compiling data from accidents and hazards for the purpose of reducing work-related injury and/or illness claims.
- Assisting CDFA managers and supervisors in developing health and safety programs and procedures.
- Providing safety training.
- Monitoring compliance with regulations.
- Reporting serious injuries and/or deaths to Cal-OSHA within 8 hours of occurrence.
- Recording work related illnesses and/or injuries on the Log and Summary of Occupational Injuries and Illnesses (OSHA 200), and distributing them to the Divisions.

***Compliance***

All managers and supervisors are responsible for ensuring that department health and safety policies and procedures are clearly communicated and understood by all employees. Employees who are unaware of correct safety and health procedures will be trained or retrained. Employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting and maintaining a safe work environment. Following are methods for ensuring compliance with these objectives:



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- Governor's Employee Safety Award – given annually, all employees who have made an outstanding contribution to employee safety are eligible for nomination.
- Department Recognition – employees who make a significant contribution to maintaining a safe workplace, as determined by their supervisor, may receive department recognition.
- Positive Performance Appraisals – employees who follow safe and healthful work practices shall have this recognized and documented in their performance reviews.
- Disciplinary Action – violations of health and safety policies and procedures may result in the following progressive disciplinary steps:
  - Supervisor may informally discuss the behavior with the employee, stating the potentially dangerous result and outlining the correct procedure.
  - A second violation may result in either verbal warning or a formal written warning against the employee, depending on the severity.
  - A third violation may result in an adverse action or suspension of the employee.<sup>1</sup>
  - A fourth violation may result in an adverse action and possible termination of the employee.

### ***Communication***

Open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. It is the CDFA's policy to encourage all employees to report hazards that exist at their worksites by using one or more of the following methods so that corrective action can be taken in a timely manner:

- Report directly to their supervisors.
- Report to the Health and Safety Officer – Employees may use the Employee Safety Information Form (**Attachment ??**) and remain anonymous. As indicated at the bottom of the form, it should be deposited in a suggestion box or forwarded to Human Resources Branch, 1220 N Street, Room 242, Sacramento, CA 95814, ATTN: Health and Safety Officer.

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<sup>1</sup> If the violation or the intent is serious, suspension or termination may be appropriate for even a first violation. The Human Resources Branch (HRB) must be consulted for advice in all cases where disciplinary action may be required.

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- Report at staff meetings.
- Grievance or Complaint Process.

**No employee shall suffer retaliation for reporting hazards or potential hazards, or for making suggestions related to safety.**

The communication system is intended to facilitate a continuous flow of health and safety information between management and staff in a form that is readily understandable and consists of one or more of the following:

- New employee training including a discussion of health and safety policies and procedures.
- Review of the IIPP.
- Workplace health and safety training programs.
- Safety Video Library – Contact the Training Office for details.
- Staff meetings – staff meetings should include “safety” on the agenda, and open discussion by all employees encouraged.
- Safety information posted on bulletin boards.
- Department Health & Safety Committee.

Some emergency and non-routine hazardous conditions may develop which are beyond the ability of an employee to handle. In these situations, the employee shall immediately notify a supervisor. The supervisor or manager shall evaluate the perceived hazard or obtain expert resources as necessary. Any supervisor or manager may contact the Department’s Health and Safety Officer at (916) 654-1348 (CALNET 464-1348) or Cal/OSHA Consultation Services for assistance regarding workplace hazards. On occasion, it may be necessary to contract for specialized service (e.g. evaluating any asbestos hazard). Because costs for private consultation and laboratory analysis can be significant, work by private contractors must be authorized by the Administrative services Division Director or his/her designee.

***Department Health & Safety Committee***

The committee is comprised of division representatives appointed by the Division Director or his/her designee. The committee meets quarterly. Any CDFA employee who has a health and/or safety concern may present it to the committee by contacting the Health and Safety Officer.

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### ***Committee's Mission Statement***

The mission of the California Department of Food and Agriculture's (CDFA's) Health and Safety Committee is to actively promote employee health and safety awareness.

### ***Committee's Goals***

- Reduce the number of work-related injuries and illnesses.
- Provide the divisions with the necessary tools (training and technical information) to educate employees about health and safety issues.
- Recommend/draft written health and safety policies for approval by the Secretary.

### ***Hazard Assessment***

Each supervisor shall ensure that quarterly safety inspections are conducted to identify unsafe conditions and work practices. While employees are encouraged to continuously identify and correct hazards and practices, certain situations require formal evaluation and documentation (a sample Hazard Assessment and Correction Record is **Attachment ??**).

Periodic inspections are to be performed according to the following schedule:

- At least twice per year;
- When new substances, processes, procedures, or equipment that present potential new hazards are introduced into the workplace;
- When new, previously unidentified hazards are identified;
- When an occupational injury, illness, or near miss occurs;
- When permanent or intermittent workers are hired or reassigned to processes, operations, or tasks on which a hazard evaluation has not previously been conducted; and
- Whenever workplace conditions warrant an inspection.

These periodic inspections are to consist of identification and evaluation of workplace hazards using checklists, hazard reports, and/or any other methods to identify and evaluate workplace hazards. The following are general guidelines for conducting safety inspections:

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- Use a checklist (an OSHA General Inspection Checklist is Attachment ??). Each location should create a checklist specific to its needs. Review the checklist before the inspection begins.
- Inspect the entire work area or facility.
- Prepare an inspection sequence and inspect one area at a time.
- If the inspector is unfamiliar with the work area or facility, have someone familiar with the work area or facility accompany the inspector to answer questions that may arise during the inspection.
- Ask for employee input during the inspection; try to resolve questions at that time, rather than going back to inspect a second time.
- Focus the inspection on unsafe conditions and work practices.
- Document any hazards observed clearly and accurately.
- Document participants in the inspection.

All inspections and findings are to be fully documented as directed under **Recordkeeping** on page 11.

### ***Hazard Correction***

It is the intent of the CDFA to eliminate all hazards and unsafe work conditions or work practices. All hazards identified shall be corrected immediately. Employees will be informed of the hazard, and if immediate correction is not possible, interim protective measures will be taken. The Division's Safety Coordinator shall evaluate all hazards and recommend a solution, which may include but is not limited to:

- Removing all potentially threatened employees.
- Providing employees responsible for correcting the condition with necessary safeguards (e.g. training and equipment).
- Removing the hazard.
- Modifying the hazard to reduce the risk of injury (e.g. skid-resistant surfacing on steps).
- Restricting access to the hazardous area.
- Implementing controls or tests to monitor the hazard.
- Document the corrective action and the date corrected.

An employee should immediately report to his/her manager or supervisor any condition with the potential to cause serious injury or illness.

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All corrective measures are to be fully documented as directed under ***Recordkeeping*** on page 11.

***Accident/Incident Investigation***

Accidents and significant near misses (incidents) are to be investigated and documented by supervisors. The purpose of the investigation is to identify facts surrounding the accident or incident so that corrective action can be taken to eliminate the possibility of similar situations. Supervisors will complete the Accident/Exposure Report, Form SO-130 when the accident/incident does not result in lost time or the need for medical attention. Supervisors will complete the Accident Report (Other than Motor Vehicles, Form STD. 268 when the accident does result in lost time or the need for medical attention.

Procedures for investigating workplace accidents and incidents are:

- Visit the accident/incident scene as soon as possible.
- Examine the workplace for factors associated with the accident/incident.
- Determine who and what was directly involved in the accident/incident.
- Determine who and what was indirectly involved in the accident/incident.
- Interview involved parties and witness.
- Determine the cause(s) of the accident/incident.
- Take corrective action to prevent the accident/incident from recurring.
- Record the findings and the corrective action taken.

The CDFA's Guide to Accident and Crime Reporting (Appendix 5) is another resource to assist with accident/incident investigations.

All investigations, findings, and corrective actions taken are to be fully documented as directed under ***Recordkeeping*** on page 11.

***Training and Instruction***

The immediate supervisor is responsible for identifying and scheduling safety training based on the specific workplace needs. All employees will receive general health and safety training (e.g. fire and emergency evacuation procedures, earthquake preparedness plans, bombs or personal threats, workplace violence, etc.). Additionally, employees will receive

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appropriate safety training to meet the performance expectations of their assigned job duties (e.g. CPR/first aid, defensive driving, chemicals used in the office, laboratory investigation, handling biological materials, etc.). All training shall be logged on an **Employee Safety Training Verification** form (**Attachment ??**). Upon completion of the training, the form is to be sent to the CDFA Training Office.

Training and instruction shall be provided:

- To new employees.
- To employees receiving new job assignments for which training has not previously been received.
- To employees when new substances, processes, procedures or equipment are introduced to the workplace and may present a new hazard.
- To employees whenever the employer is made aware of a new or previously unrecognized hazard.
- To all workers, including seasonal, intermittent, or contract employees, who are exposed to hazards in the CDFA's workplace.
- To supervisors to familiarize them with the health and safety hazards to which employees under their immediate direction may be exposed.

Safety training should also be considered when preparing each employee's annual Individual Development Plan (IDP).

All training is to be fully documented as directed under **Recordkeeping**, below.

## ***Recordkeeping***

### ***Hazard Assessment and Correction***

Managers or their designees are to keep records of hazard assessment inspections for a minimum of three years. These records shall include:

- The person(s) conducting the inspection.
- The date of inspection.
- The unsafe conditions and/or work practices identified.
- The action taken to correct the unsafe conditions and/or work practices.

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Records of quarterly and annual hazard assessment inspections and corrections shall be maintained for three years in each facility's Health and Safety file.

***Accident Investigations***

Managers or their designees are to keep records of accident investigations for a minimum of three years. These records shall include the completed forms SO-130, Accident/Exposure Report and/or completed forms STD. 268, Accident Report (Other than Motor Vehicles) (Appendix 5).

Copies of these forms will also be sent to the CDFA's Health and Safety Officer who will also retain these records for a minimum of three years.

***Training/Instruction***

Managers or their designees are to keep documentation of Health and Safety training attended by each employee for a minimum of one year. These records shall include the following:

- Employee's name or other identifier.
- Dates of training.
- Types of training.
- Training providers.

***Safety Practices***

The following safety practices have been established for the protection and safety of all employees. These practices are designed to prevent accidents, injuries and illnesses.

***General Office***

- A good worker is a safe worker. Be sure you know the safe way to perform any job given to you. If there is doubt, ask your supervisor.
- All accidents/injuries must be reported to your supervisor immediately, no matter how minor they may appear.
- Machines or equipment shall not be operated until you have received proper instruction on their operation.
- Prevent slips and falls. Immediately wipe up all spilled water, beverages, and other liquids.
- Obey all warning/caution signs and posted notices.

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- Report any unsafe/unhealthful conditions or practices to your supervisor and/or the Department's Health and Safety Officer immediately. Your suggestions and recommendations for improving conditions are always welcome.
- Walk – do not run. Use handrails on the stairs.
- Keep your work area neat and orderly and pathways clear.
- Horseplay or practical jokes are dangerous and will not be tolerated.
- Do not enter a barricaded or posted area unless authorized.
- Keep materials and equipment out of aisles and common office pathways.
- Keep desk/cabinet drawers closed at all times when not actually being accessed.
- Do not obstruct any doors, emergency exits, or fire hose/extinguisher stations.
- Throw trash in proper receptacles.
- Use caution when operating microwave ovens, coffee makers, etc.  
NEVER OVERLOAD THE CIRCUITS. Turn off all appliances when not in use.

***Electrical Blackout/Stage 3 Electrical Emergency Procedures***

It is the policy of AHFSS that all personnel will comply with and implement all energy conservation methods as directed during all Stage 3 Electrical Emergencies/Electrical Blackout episodes (Appendix 8).

***Work in Outdoor Locations (Heat Illness)***

It is the policy of the State of California and the Department of Food and Agriculture that all employees be protected from heat illness during the course of their work. All employees required to work outdoors and their supervisors shall receive training to identify the risk factors, to control the employees' exposure to the environment, and to seek medical assistance in the event of illness (Appendix 10).

***Safe Lifting***

- DO NOT attempt to lift objects that are too heavy for you. Get help.
- Plan your lift. Make sure the object is easily accessible and as close to you as possible.
- Have solid footing and good balance.



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- Grasp the object correctly. Have a firm grip; use gloves when necessary.
- Lift with the legs, not with the back. Bend your knees (do not keep legs straight) and bend at the waist.
- Avoid obstructing your vision with large loads. Do not hurry, especially around corners.
- Avoid unnecessary twisting; if you need to make a turn while carrying a load, turn with your feet; never twist your body or bend sideways.

Keeping in good physical condition is an excellent way to prevent injuries. Always consult your supervisor should you have any lifting to be done that is beyond the scope of your normal duties.

***Ergonomics***

Ergonomics is the science of fitting workplace conditions and job demands to the capabilities of the employees. The goal is to maintain an effective ergonomic program by selecting furniture and equipment, and arranging workstations that will reduce health risks and personal injury in the workplace. See the CDFA's Ergonomics Program (Appendix 4).

***Motor Vehicle Use***

Vehicle accidents don't just happen; they are caused. Special care is necessary when you use any motor vehicle. Always wear seatbelts and require passengers to wear theirs. Defensive driver training is required every four years. Annual certification of insurance coverage is also required for those who use their own vehicles on State business.

***Hazardous Materials***

The CDFA offices are relatively free of hazardous materials; however field offices and labs may use a wide variety of hazardous materials. They are to be stored, labeled and used only in the manner specified by the manufacturer on the packaging. Material Safety Data Sheets (MSDS) are available from site supervisors. These documents provide information on handling and hazards. The manufacturer must provide a copy of the MSDS. See the CDFA's Hazard Communication program (Appendix 6).

***Animal Health and Food Safety Services (AHFSS) Respiratory Protection Program***

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The AHFSS Respiratory Protection Program was developed to provide employees with a safe and healthful environment. The primary objective of the program is to prevent exposure to hazardous atmospheres. This will be accomplished, as far as is feasible, by elimination of those hazards of exposures through engineering and work practice controls. When control measures are not feasible or inadequate, respiratory protective devices may be required to achieve this goal. When employees are required to use respiratory protective devices they will do so in accordance with Cal/OSHA standards and other regulatory guidelines. To ensure regulatory compliance and safety, any employee using a respiratory protective device shall comply with the provisions of the AHFSS Respiratory Protection Program (Appendix 9).

***CDFA Publications/Programs***

The following publications are included as appendices to this IIPP. Please read and become familiar with their contents.

- Airborne Pathogens (Appendix 1)
- Bloodborne Pathogens (Appendix 2)
- Emergency Response Plan (Appendix 3)(for Headquarters Only – Field Offices Should Include a Copy of Site Emergency Plans)
- Ergonomics Program (Appendix 4)
- Guide to Accident and Crime Reporting (Appendix 5)
- Hazardous Communication Program (Appendix 6)
- Violence or Threats of Violence (Appendix 7)
- Energy Conservation and Blackout Procedures (Appendix 8)

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***Revisions***

This handbook is a revision of the IIPP originally published in June 1992 and revised in March 2007. Questions regarding the program, requests for further revisions, or suggestions for changes should be directed to:

California Department of Food and Agriculture  
Health and Safety Officer  
Human Resources Branch  
1220 N Street, Room 242  
Sacramento, CA 95814  
(916) 654-1348

<b>State of California</b>  <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type, if possible). Mail original and one copy to:  <b>STATE COMPENSATION INSURANCE FUND</b> <i>Refer to STATE ADMINISTRATIVE MANUAL, SECTIONS 2581.2 – 2581.5 for instructions on completion and routing.</i> <b>BOTH SIDES OF THIS FORM MUST BE COMPLETED</b>				<b>OSHA Case No.</b>  <input type="checkbox"/> <b>Fatality</b>				
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.		NOTICE: California law requires employers to report within <b>five days</b> of knowledge every occupational injury or illness which results in lost time beyond the date of the incident <b>OR</b> requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within <b>five days</b> of knowledge an amended report indicating death. In addition, every serious injury/illness, or death must be reported <b>immediately</b> by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.								
E M P L O Y E R	1. DEPARTMENT				1A. AGENCY CODE OR SCIF POLICY NUMBER		DO NOT USE THIS COLUMN			
	2. MAILING ADDRESS (Number and Street, City, ZIP)				2A. PHONE NUMBER					
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number and Street, City, ZIP)				3A. DIV./LOCATION CODE					
	4. NATURE OF BUSINESS Governmental Agency			5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.						
	6. TYPE OF EMPLOYER <input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> SCHOOL DIST. <input type="checkbox"/> OTHER GOVERNMENT - SPECIFY _____									
E M P L O Y E E	7. EMPLOYEE NAME		CSID#		8. SOCIAL SECURITY NUMBER		9. DATE OF BIRTH (mm/dd/yy)		Sex	
	10. HOME ADDRESS (Number and Street, City, ZIP)						10A. PHONE NUMBER		Age	
	11. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		12. OCCUPATION (Regular job title—No initials, abbreviations or numbers)			CBID#		13. DATE OF HIRE (mm/dd/yy)		Daily hours
	14. EMPLOYEE USUALLY WORKS hours        days        total per day    per week    weekly hours			14A. EMPLOYMENT STATUS (Check applicable status at time of injury.) regular        part-time        temporary        seasonal full-time			14B. Under what class code of your policy were wages assigned?		Days per week	
	_____unemployed        _____on strike        _____disabled        _____retired        _____laid									
15. GROSS WAGES/SALARY WAGES/SALARY (e.g., tips, meals, lodging, per \$ _____)				16. OTHER PAYMENTS NOT REPORTED AS <input type="checkbox"/> YES, \$ _____ per _____ <input type="checkbox"/> NO				Weekly hours		
I N J U R Y          O R          I L L N E S S	17. DATE OF INJURY OR ONSET OF ILLNESS (mm/dd/yy)		18. MILITARY TIME INJURY/ILLNESS OCCURRED		19. MILITARY TIME EMPLOYEE BEGAN WORK		20. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)		Weekly wage	
	21. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		22. DATE LAST WORKED (mm/dd/yy)		23. DATE RETURNED TO WORK (mm/dd/yy)		24. IF STILL OFF WORK, CHECK THIS BOX <input type="checkbox"/>		County	
	25. PAID FULL WAGES FOR DAY OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. SALARY BEING CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. DATE OF EMPLOYER'S KNOWLEDGE/NOTICE OF INJURY/ILLNESS (mm/dd/yy)		28. DATE EMPLOYEE WAS PROVIDED EMPLOYEE CLAIM FORM (mm/dd/yy)		Nature of injury	
	29. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, if available, e.g., second degree burns on right arm, tendonitis of left elbow, lead poisoning.								Part of body	
	30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, ZIP Code)				30A. COUNTY		30B. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		Source	
	31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., shipping department, machine shop.				32. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				Event	
	33. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., acetylene, welding torch, farm tractor, scaffold.								Sec. Source	
	34. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., welding seams of metal forms, loading boxes onto truck.								Extent of Injury	
	35. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.									
	36. NAME AND ADDRESS OF PHYSICIAN (Number and Street, City, ZIP)						36A. PHONE NUMBER			
37. IF HOSPITALIZED AS AN INPATIENT, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, ZIP)						37A. PHONE NUMBER				
38. WAS ANOTHER PERSON RESPONSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		39. PERS/STRS MEMBERS <input type="checkbox"/> YES <input type="checkbox"/> NO		40. ARE LEAVE CREDITS AVAILABLE TO BE USED IN SUPPLEMENTING INDUSTRIAL DISABILITY LEAVE BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Completed by (type or print)		Signature			Title			Date		

If the Supervisor and Manager Review portions of this form cannot be completed within five days of the injury, DO NOT DELAY SUBMISSION OF THE REVERSE SIDE TO STATE FUND. Submit the form completed in its entirety to the Departmental Safety Coordinator within ten days of the injury.

EMPLOYEE'S NAME

UNIT

SOCIAL SECURITY NUMBER

### SUPERVISOR'S REVIEW

Facts available lead me to believe this work injury was caused by and happened during State work.

From the facts I need my superior's or a physician's advice. The alleged claim of injury is not clearly identified with State employment.

The facts do not indicate this claim of injury was work connected.

GIVE THE FACTS THAT JUSTIFY THE ITEMS CHECKED:

WHAT CORRECTIVE ACTION IS BEING TAKEN TO PREVENT SIMILAR ACCIDENTS? HAVE YOU TAKEN THESE STEPS?

☐ YES

☐ NO

If no, explain.

I DO NOT HAVE AUTHORITY TO TAKE THE FOLLOWING ACTION BUT RECOMMEND:

IF INJURED EMPLOYEE IS UNABLE TO PERFORM FULL DUTY:

A. THE POSSIBILITY OF MODIFIED WORK WAS DISCUSSED WITH THE ATTENDING DOCTOR:

☐ YES

☐ NO

B. MODIFIED WORK DECISION:

☐

Condition precludes M.W.

☐

Appropriate M.W. not available

☐

M.W. arranged \_\_\_\_\_ days

Signature

Classification

Date

### MANAGER'S REVIEW

DO YOU CONCUR WITH FIRST LINE SUPERVISOR'S REVIEW?

☐ YES

☐ NO

If no, explain.

Signature and Date

CONTINUATION AND MISCELLANEOUS COMMENTS:

### STATE COMPENSATION INSURANCE FUND ADJUSTING OFFICES

P.O. Box 21810  
Bakersfield, CA 93390-1810

P.O. Box 910932  
Commerce, CA 90091-0932

P.O. Box 4973  
Eureka, CA 95502-4973

P.O. Box 40000  
Fresno, CA 93755-4000

P.O. Box 9045  
Oxnard, CA 93031-9045

P.O. Box 496049  
Redding, CA 96049-6049

P.O. Box 59901  
Riverside, CA 92517-1901

P.O. Box 1609  
Rohnert Park, CA 94927-1609

P.O. Box 659011  
Sacramento, CA 95865-9011

P.O. Box 530957  
San Jose, CA 95153-5357

**State of California  
Department of Industrial Relations  
Division of Workers' Compensation**

**EMPLOYEE'S CLAIM FOR  
WORKERS' COMPENSATION BENEFITS**

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits

Complete the "employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt". Until you receive the dates copy from your employer. You may call the Division of Workers' Compensation at 1-800- 736-7401 if you need help in filing out this form or obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowledge false or fraudulent material statement or material representation for the purpose of obtaining

Any person who makes or causes to be made any knowledge false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony

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**Employee: Empleado**

1. Name. Nombre \_\_\_\_\_ Today's Date. Fecha de Hoy \_\_\_\_\_
2. Home Address. Direccion Residencial \_\_\_\_\_
3. City. Ciudad \_\_\_\_\_ State. Estado \_\_\_\_\_ Zip.Codigo Postal \_\_\_\_\_
4. Date of Injury. Fecha de la lesion (Accidente) \_\_\_\_\_ Time of injury. Hora en que ocurre \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.
5. Address and description of where injury happened. Direccion lugar donde ocurrió el accidente \_\_\_\_\_
6. Describe injury and part of body affected. Describa la lesion y parte del cuerpo afectada \_\_\_\_\_
7. Social Security Number. Numero del Seguro Social del Empleado \_\_\_\_\_
8. Signature of employee. Firma del empleado \_\_\_\_\_

**Employer – complete this section and give the employee a copy immediately as a receipt**

9. Name of employer Nombre del empleador \_\_\_\_\_
10. Address Direccion \_\_\_\_\_
11. Date employer first knew of injury Fecha en que empleador supo por primera vez de la lesion on accidente \_\_\_\_\_
12. Date Claim form was provided to employee Fecha en que se le entrego empleado la peticion \_\_\_\_\_
13. Date employer received claim form. Fecha en que el empleado devolvió la peticion al empleador \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency. Nombre y direccion de la compania de seguros o agencia administradora de seguros \_\_\_\_\_
- STATE COMPENSATION INSURANCE FUND** \_\_\_\_\_
15. Insurance Policy Number. El numero de la poliza del Seguro. \_\_\_\_\_
16. Signature of employer representative. Firma del representante del empleador \_\_\_\_\_
17. Title. Titulo \_\_\_\_\_ 18. Date. Fecha \_\_\_\_\_ 19. Telephone telefono \_\_\_\_\_

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee dependent or representative who filed the claim within **one working day** of receipt of the form.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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## Workers' Compensation Benefits

**Medical Care.** All medical care for your work injury or illness will be paid for by your employer or employer's insurance company. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-ray, and medicine. Your employer or employer's insurance company will pay the cost directly so you should never see the bill.

**Payment for lost Wages.** If you can't work because of a job injury or illness you will receive "temporary disability" benefits payments. The payments will stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized or cannot work for more than 14 days.

**Payment for Permanent Disability.** If the injury and illness results in a permanent handicap, permanent disability payments will be paid after recovery. The amount of benefits will depend on the type of injury, and your age and occupation.

**Rehabilitation.** If the injury and illness prevents you from returning the same job, you may qualify for "vocational rehabilitation benefits". These benefits include services to help you get back to work. If you qualify for vocational rehabilitation, the cost will be paid by your employer or employer's insurance company, up to a maximum set by the state law.

**Death Benefits.** If the injury or illness causes death, payments may be made to relatives or household members who where financially dependents on the worker.

**Disclosure of Medical Records.** After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that people usually expect for medical records. Records of all medical treatment you have received, even for injuries or illness that are caused by your work, may be read by release medical records, they can be "subpoenaed" and ordered to be released. A workers' compensation judge may "seal" (keep private) certain records if the work request privacy.

**For More Information.** If you need help filling out this form or if you have any questions about workers' compensation benefits, please call an Information and Assistance officer in the local office of the Division of Workers' Compensation. You may hear recorded information and a list of local offices by calling this toll free number: **1-800-736-7401**. This is a free service of the State of California. You may also consult an attorney.

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**California Department of Food and Agriculture  
Disability Management Unit (DMU)**

**Witnesses  
To Industrial Injury or Illness**

**(To Be Attached To All Injury/Illness Claim Forms – SCIF Forms 3067/3301)**

**CLAIM INFORMATION:**

Injured Employee's Name: \_\_\_\_\_

Date of Injury/Illness: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Form 3301 was given to claimant (Employee): \_\_\_\_/\_\_\_\_/\_\_\_\_

**LIST OF WITNESSES:**

Supervisor: \_\_\_\_\_

Co-Worker's and/or Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness List Compiled By: \_\_\_\_\_  
Name/Job Title/Telephone Number

Return To Work Coordinator:      Contact Human Resources Branch (HRB)  
Disability Management Unit (DMU)  
(916) 653-7896



# ***AIRBORNE PATHOGENS***

Airborne pathogens are any disease-producing bacteria or microorganism, which are carried through the air. Two of the most serious airborne pathogens are:

## ***Influenza***

Influenza (flu) is a viral infection of the respiratory tract that causes fever, headache, muscle aches, and weakness.

### ***Causes***

There are three types of influenza virus. All are spread from person to person by inhaling infected droplets from the air. Type A is usually responsible for the large outbreaks and is a constantly changing virus. New strains of Type A virus develop regularly and result in new epidemics every few years. Type B causes smaller outbreaks, and Type C usually causes mild illness similar to the common cold.

### ***Symptoms/Complications***

Symptoms vary among flu sufferers, but they range as follows:

- Fever
- Cough
- Nasal discharge
- Headache
- Muscle aches and stiffness
- Shortness of breath
- Chills
- Clammy skin and/or sweating
- Fatigue
- Stuffy, congested nose
- Sore throat
- Nausea and vomiting
- Joint stiffness
- Elbow pain
- Appetite loss

### ***Complications***

- Secondary bacterial infection
- Bronchitis
- Pneumonia

### ***Treatment/Expectations***

The goal of treatment is to alleviate the symptoms. Antibiotics are not effective against viruses. Bed rest, analgesics (pain medication) for muscle aches and pains, and warm fluids may help to relieve the discomfort of the symptoms.

Antiviral medication may be indicated for the elderly and people with heart or lung conditions who face increased risk of more serious illness associated with influenza.

Symptoms usually go away in seven to ten days. In rare cases, influenza may cause a severe pneumonia that may be fatal even in healthy adults.

### ***Prevention***

Anti-influenza vaccines (flu shots) are recommended annually for people who are 65 years of age or older, anyone with chronic heart or lung conditions, and those living in institutions. The vaccine has a 60 to 70 percent success rate in preventing infection.

### ***Tuberculosis***

Tuberculosis (TB) is an infectious bacterial disease which grows freely within the body and may spread from the lungs to other parts of the body.

### ***Causes***

The TB infection is spread by inhaling minute droplets of infected sputum from the air or, less commonly, from drinking infected milk.

### ***Symptoms/Complications***

Symptoms may not appear for several months after exposure/infection. The initial symptoms include tiredness, weight loss, fever during the evening, and profuse sweating at night. As the infection progresses, the patient begins to cough up bloodstained sputum. TB progresses slowly, causing lung scarring.

If a large portion of the lung is affected, pleurisy may develop, causing breathlessness and chest pain.

### ***Treatment***

Most patients respond quickly to treatment with various drugs. Patients who are seriously ill may require hospitalization for two or three months. The type of anti-TB drug therapy used depends on organism resistance. Drug treatment lasts at least six months and no more than 18 months.

### ***Prevention***

A physician may decide that certain persons who have been exposed to TB should have drug therapy as a precautionary measure. A vaccine, which can create immunity to TB, may be given in some cases. Isolating and treating infected persons is the best prevention.

### ***Common Cold***

Finally, though not as serious, but at least as contagious is the common cold. A cold is actually a collection of symptoms caused by any one of 200 or more different viruses.

### ***Causes***

Colds are transmitted in two ways – one by touching infectious respiratory secretions (from sneezes and coughs) and then touching the eyes or nose; and by inhaling infectious particles which are suspended in the air for long periods of time.

### ***Symptoms/Complications***

Symptoms vary, but usually include:

- Sneezing
- Runny nose
- Stuffy nose
- Coughing
- Sore throat
- Fever (slight, but may be as high as 102° in infants in young children)
- Headache

Symptoms may last up to two weeks.

### ***Complications***

- Ear infection
- Sinus infection
- Bronchial infection

### ***Treatment***

Only symptomatic treatment is available for colds: bed rest, plenty of fluids, gargling with warm salt water, acetaminophen or ibuprofen for headache or fever, cough syrup, etc.

### ***Prevention***

Hand washing is the simplest and most effective way to prevent getting colds. Not touching the nose or eyes is another. If possible, avoid close, prolonged exposure to persons who have colds. Individuals with colds should always sneeze or cough into a facial tissue, and promptly throw it away. Eating a balanced diet, getting adequate exercise and rest, managing your stress, and taking vitamin C may also boost immunity.

# ***BLOODBORNE PATHOGENS***

Bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

## ***Hepatitis B & C Viruses***

Both Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) are viral infections causing inflammation of the liver.

### ***Causes***

Both infections are caused by contact with hepatitis-infected blood or blood products.

### ***Symptoms***

- Jaundice
- Fatigue
- Loss of appetite
- Nausea and vomiting
- Fever
- Generalized itching

### ***Treatment***

There is no specific treatment for the hepatitis virus. Bed rest and avoiding alcohol and any other substances toxic to the liver are advised.

## ***Human Immunodeficient Virus***

Human Immunodeficient Virus (HIV) is a viral infection that gradually destroys the immune system.

### ***Cause***

The HIV infection is caused by contact with HIV-infected blood or blood products.

### ***Symptoms***

At the time of diagnosis many people have not experienced symptoms, but the symptoms may include:

- Sore throat

- Muscular stiffness or aching
- Headache
- Swollen lymph glands
- Fever
- Fatigue
- Rash
- Joint pain (elbows, hips, knees, ankles, feet, shoulders, wrists, and/or hands)

### ***Treatment***

There are antiviral drugs available; however, they may not be recommended at the early stages of the virus.

### ***Prevention (HBV, HCV and HIV)***

Treat all blood and specified body fluids as if infectious. Employees exposed to direct contact with body fluids should be protected as though such fluids were infected.

Avoid direct and indirect skin or mucous membrane contact with blood.

Avoid punctures from needles, broken glass, and other sharp objects.

Use barriers such as gloves, eye shields, etc., to prevent contact with blood.

Remove contaminated barriers in a manner that avoids blood contact with skin or mucous membranes.

If there are injuries to more than one person, change gloves after touching one and before touching the next.

If there is any possibility of exposure, immediately wash hands and exposed area with soap and water.

If exposure or possibility of exposure occurs, contact your supervisor immediately for follow-up guidelines. If exposure occurs off the job, you may wish to contact your health care professional or the local health department for advice. (See also California Code of Regulations, Title 8, Section 5193(d)(3)(I), Hygiene.)

If there are blood spills, follow Center for Disease Control (CDC) guidelines for cleanup of contaminated surfaces. Call CDC at 1-800-342-2437 for further information. (See also California Code of Regulations, Title 8, Section 5193(d)(3)(H), Cleaning and Decontamination of the Worksite.)

**STATE OF CALIFORNIA  
DEPARTMENT OF FOOD AND  
AGRICULTURE**



**EMERGENCY  
RESPONSE PLAN**

**CALL 9+911**

MAIN AND ANNEX BUILDINGS  
1220 N Street AND 1215 O Street  
SACRAMENTO, CALIFORNIA

March 2006



## EMERGENCY CALL DIRECTORY

In case of Fire, Earthquake, Bomb Threat, Medical Emergency, Assault or any other emergency situation requiring **Immediate Attention**:

CHP	<b>DIAL</b>  <b>9 + 911</b>	AVAILABLE 24
FIRE DEPARTMENT		HOURS A DAY
AMBULANCE		INCLUDING
BOMB SQUAD		WEEKENDS AND
LOCAL POLICE		HOLIDAYS

REMEMBER, USE 9 + 911 or dial a local emergency number  
AND  
GIVE THE FOLLOWING INFORMATION:

- 1) TYPE of emergency (medical, police, fire);
- 2) ADDRESS (include cross streets);
- 3) FLOOR and ROOM number;
- 4) Your TELEPHONE number;
- 5) Your NAME

DO NOT HANG UP BEFORE YOU VERIFY THAT THE INFORMATION WAS RECEIVED AND BE READY TO GIVE ADDITIONAL INFORMATION IF REQUESTED.

- 6) NOTIFY the EMERGENCY COORDINATOR or alternate

		<u>Phone Number</u>
Emergency Coordinator:	Paula Lewis	651-8183
Alternate Coordinator:	#1 Lamar Dansby	653-8540
	#2 Gary Garris	653-8489
Building Manager:	1220 N Street – DGS, Ron Sanchez	324-1294
	1215 O Street – Paula Lewis	651-8183
Command Center:	1220 N Street - Room 120	654-0954
	1215 O Street - Lobby	651-6661
CHP, Non-Emergency:	State Capitol	445-2895

**NOTE:** The 9+911 number is a direct emergency hot line to the California Highway Patrol and is used by State agencies for emergencies requiring outside assistance. The number will dispatch the Fire Department, Ambulance or other emergency authorities quicker than dialing a direct number and is available 24-hours every day, including holidays.

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# GENERAL INFORMATION

## AUTHORITY FOR EMERGENCY PREPAREDNESS PLANS

### CHP AUTHORITY

The California Highway Patrol (CHP) has jurisdiction over those matters related to the security of state officers, property and occupants of state property pursuant to Government Code 14615(b). The CHP may also establish rules and regulations pertaining to the protection of state employees, properties, buildings and grounds, and occupants of state properties.

## PURPOSE: ESTABLISH A CONTINUING STATE OF EMERGENCY PREPAREDNESS

### EMERGENCY PREPAREDNESS GOALS

Agencies' Emergency Preparedness Plans will:

- Protect lives.
- Protect property.
- Preserve organizational structure.
- Ensure continuity or early resumption of essential services.

## IMPLEMENTING THE PLAN

### WHO IS RESPONSIBLE

All managers, middle managers, and first line supervisors are responsible for ensuring compliance with the facility's own emergency plan. The person in charge at each facility or work site must assure that all employees know about and are prepared to follow established emergency procedures.

### EMERGENCY COORDINATOR

The facility emergency coordinator will establish and keep current emergency team personnel rosters (title and duties of persons with emergency assignments appear in the following section on Organization).

### PLAN REVIEW AND UPDATE

Each participating officer or Division will review and update the plan every two years and maintain a revision schedule.

## **EMERGENCY PREPAREDNESS PLAN DEVELOPMENT INFORMATION**

### **A. REQUIREMENTS**

Each state agency shall designate an emergency coordinator who shall be responsible for preparation of emergency plans including plans for each subordinate facility or field office.

The emergency coordinator will be responsible for the development and maintenance of all departmental facility and/or field office emergency plans. A copy of those plans shall be retained at the departmental facility or field office for random inspection by the CHP. All emergency plans shall be updated every two years and a revision schedule maintained.

### **B. LOCATIONS FOR PLAN RETENTION**

The CHP shall provide information and answer questions for the preparation of plans.

Locate your office on the CHP Division boundary maps and direct your questions to the appropriate CHP Division office. Division office addresses are also listed..

# ORGANIZATION

## THE FACILITY OR WORK SITE EMERGENCY TEAM

### COMPOSITION

The emergency team will include:

- The emergency coordinator and alternate.
- Floor wardens and alternates.
- Others who know about your building's work site's emergency and security problem.

### MEET EVERY TWO MONTHS

This team should meet at least once every two months to discuss current emergency preparedness and safety concerns, and to update or revise your facilities or work site's procedures.

## COMMAND CENTER

### COMMAND CENTER

The emergency coordinator shall designate a command center located on the first floor, near an exit that should contain:

- Telephones (recommend at least 3).
- Portable radios.
- Pagers
- Sufficient desk space and supplies for command center staff (see below).
- Chalk board or easel for status updates.
- Call lists for emergency staff on each floor.
- Floor plans for each occupied floor.

In the event of an emergency, the emergency coordinator shall activate the command center. All emergency operations shall be directed from the command center.

## COMMAND CENTER STAFF AND OTHER EMERGENCY STAFF

### COMMAND CENTER STAFF

Command center staff shall consist of the:

- Emergency coordinator
- Alternate coordinators.
- Recorders.
- Messengers.
- Utilities officer.

### OTHER EMERGENCY STAFF

At the direction of the emergency coordinator, emergency floor personnel may include:

- Floor wardens.
- Elevator monitors.
- Zone wardens.
- Disabled persons monitor.
- Stairwell monitors.
- Search teams.
- Messengers.
- First Aid & CPR teams.

Titles and duties of all emergency personnel appear below.

## EMERGENCY TEAM MEMBERS: TITLES AND DUTIES

### EMERGENCY COORDINATOR

Produces the emergency plan.

Selects, trains and organizes the staff for conducting emergency operations.

Ensures that floor wardens maintain current rosters of emergency team members.

Posts emergency personnel lists and floor maps on bulletin boards and other strategic locations

Directs the activities of building occupants during an emergency until the arrival of fire or police personnel.

### ALTERNATE COORDINATOR

Serves as principal assistant to the emergency coordinator and acts in his or her absence.

### UTILITY OFFICER

A building stationary engineer usually performs these duties; he or she controls utilities during an emergency.

## FLOOR WARDEN

Coordinates all emergency actions in an assigned area.

Notifies the emergency coordinator about emergency conditions.

Maintains current rosters of emergency team members.

Posts emergency personnel lists and floor maps on bulletin boards and other strategic locations.

Oversees evacuation during fires and other emergencies.

Directs occupant searches during bomb threats and reports results to the command center.

## ZONE WARDEN

In specified area, this person:

- Determines if disabled, stairway, elevator, and restroom monitors are at their posts.
- Assigns and instructs alternates if monitors are absent.
- Keeps floor warden posted of any situation that needs attention.

## STAIRWELL MONITOR

Decides if stairs are safe for exiting during an emergency.

Directs orderly evacuation of employees.

Ensures that stairwell doors are CLOSED.

(NOTE: Stairwell doors should NOT BE HELD OPEN when these doors are not being used to leave the premises).

## ELEVATOR MONITOR

Ensures that employees DO NOT WAIT FOR or USE elevators during an evacuation.

Directs employees to stairways.

## RESTROOM MONITOR

Clears persons from restrooms, by vocal or other means as necessary. In an emergency, do not be shy about entering a restroom to assure that everyone leaves.

## DISABLED PERSONS MONITOR

Floor monitors will assign each disabled person two (2) monitors prior to emergencies. During emergencies they will accompany that person and provide assistance to evacuate the premises or otherwise cope with the emergency.

## MESSENGERS

Emergency team staff will assign messengers for the command center. Floor wardens will assign messengers for work on the floors. At the time of a crisis emergency team staff or floor wardens may assign anyone available to work as messengers.

## FIRST AID & CPR PERSONNEL

Administer first aid and CPR before the arrival of responding Emergency Medical Service (EMS) or paramedical units.

## SEARCH PERSONNEL

Emergency team staff and/or floor wardens designate staff to search assigned areas during fire evacuation, bomb threats or other emergency situations.

# DAMAGE CONTROL

## EMERGENCY COORDINATOR ACTIONS

The emergency coordinator may assess damage and determine immediate action necessary to control dangerous conditions before police, fire department or emergency medical personnel arrive.

### **DO NOT ATTEMPT ANY ACTION THAT WILL RISK INJURY TO YOURSELF OR OTHERS.**

Actions, which should be taken only if conditions are reasonably safe, may include:

- Fire suppression (using an extinguisher) – always have another person standing by with another extinguisher.
- Supervising first aid & CPR teams.
- Disconnecting utilities and business machines.
- Protecting, removing records.
- Closing door and/or windows during fires, venting them during bomb threats.
- Controlling access into area.



## **AFTER HOURS, WEEKENDS, AND HOLIDAY EMERGENCY PROCEDURES**

### **DIAL 9-1-1**

**DIAL 9-1-1\***, and:

- Report the emergency.
- Notify other personnel in the building.
- Evacuate if potential for danger exists.

\* If necessary, dial your outside line access number first.

### **TELEPHONE USE**

**DO NOT USE  
TELEPHONES**

Instruct employees not to use telephones during an emergency. These lines must be kept available for emergency personnel and for communicating with staff in your building or work site.

# INJURY OR ILLNESS

## MAJOR INJURY OR ILLNESS: REQUIRES EMERGENCY MEDICAL RESPONSE.

SUMMON  
ASSISTANCE  
IMMEDIATELY

**DIAL 9-1-1\*** immediately.

Contact the emergency coordinator or alternate coordinator.

Summon assistance and notify first aid personnel.

**DO NOT MOVE** the victim unless you must do so to remove him/her from immediate danger.

Initiate first aid action needed.

Send a messenger to the lobby to meet the ambulance.

\* If necessary, dial your outside line access number first.

## MAJOR INJURY OR ILLNESS: CAN BE TREATED BY FIRST AID ON SITE AND/OR WITH REFERRAL.

Summon assistance and notify first aid personnel.

Initiate first aid action as necessary.

Notify victim's supervisor.

Take necessary follow-up actions, such as:

- Arrange hospital service.
- Arrange doctor's office treatment.
- Arrange doctor's office appointment.

# FIRE

**IF YOU DISCOVER FIRE OR SMOKE, GET AWAY FROM THE FIRE AREA!**

## DIAL 911

**DIAL 9-1-1\*** and state the following

- I am reporting a fire (give a brief description);
- My address is:

---

(cross street; room number)

- The fire is on floor \_\_\_\_\_, room \_\_\_\_\_.
- My call-back number is:

---

**DO NOT HANG UP, FIRST VERIFY THE INFORMATION WAS RECEIVED.**

\* If necessary, dial your outside line access number first.

## CONTAIN SMOKE

CLOSE DOORS and WINDOWS to contain smoke and alert others.

- Smoke contains toxic fumes and can be deadly. Containment is vital to prevent panic, injuries and fire.

## EXTINGUISH SMALL FIRES

Employees should only attempt to extinguish small fires that can be safely contained using an extinguisher; always have another person standing by with another extinguisher.

## CONTACT COORDINATORS

Contact the emergency coordinator or alternate coordinator.

## DISPATCH MESSENGERS

Dispatch messengers to meet and direct the fire department to the fire location.

## ALERT EMERGENCY TEAM

Alert emergency team to prepare for possible evacuation and to notify nearby office area.

## EVACUATE PREMISES

If your building is less than seven stories high, evacuate the building.

- For high-rise buildings (seven or more stories), floors one through six will leave the building and proceed to the evacuation site. Floors seven and above will RELOCATE FIVE FLOORS below their floor. (If a fire is discovered or a fire alarm sounds on the ninth floor, employees would relocate to the fourth floor and await further instructions from the fire personnel.) Close any remaining doors and windows.

## NOTIFY ADJACENT AREAS AND COMMAND CENTER

The floor warden or other emergency staff will notify people in the surrounding area and on the floors directly above and below. He/she will then report the evacuation of the floors involved directly to the command center.

## ACCOUNT FOR PERSONNEL REPORT

Floor wardens will account for their personnel and report to the emergency coordinator or command center.

## **EVACUATION PROCEDURES**

1. When evacuation is determined necessary by the Emergency Coordinator, Departmental Services Branch (651-8183), or the CHP, employees will leave the building immediately by the nearest exit or as advised.
  - **1220 N Street Building:**  
Emergency personnel will utilize the newly installed building paging system.
  - **1215 O Street Building:**  
Emergency personnel will utilize whistles and megaphone.
2. The Floor Plans contained in this Emergency Plan show arrows to the nearest effective exit. Follow the plan and proceed immediately, without undue haste and DON'T PANIC. If you are visiting in an area with which you are not familiar, follow those who work there.
3. Evacuation of the disabled will take place by assigning two monitors capable of assisting the individual to the nearest evacuation exit. Should the disabled employee be located on the second floor or above, he/she will be assisted to a non-contaminated stairwell area. One monitor will remain with the individual while the second monitor will summon the Fire Department or other qualified emergency personnel from the Command Center to safely evacuate the employee.
4. During the evacuation, employees should walk, remove high heels, grasp handrails, remain quiet and follow all other emergency instructions.
5. Depending on the exit used, employees will gather in predetermined evacuation sites unless otherwise instructed.
6. Supervisors will account for their personnel and report to the Floor Wardens or Command Center.
7. Floor Wardens will inspect his/her area of responsibility to ensure no personnel remain, and report to the Command Center. As each office is checked and assured to be clear, a "yellow Post-It note" should be placed on the door. This is a signal to other emergency personnel that the office has been checked.
8. After evacuation is completed, emergency personnel will be assigned to prevent re-entry into the building. As each office is checked and assured to be cleared, a yellow Post-It should be placed on the door. This is a signal to other emergency personnel that the office has been checked.
9. When the emergency is over, the Emergency Coordinator or other designated emergency personnel will advise employees to return to the building.
10. No employee will be allowed to re-enter the building during an emergency evacuation -- this includes Emergency Team employees.

# BOMB THREATS

## IF YOU RECEIVE A BOMB THREAT.

### DIAL 9-1-1

Notify the CHP or local police or sheriff departments. If your 911 does not connect you with the CHP, notify them later.

Contact the emergency coordinator or alternate coordinator.

### IF RECEIVED BY TELEPHONE

Employees receiving the bomb threat should ask?

- When is the bomb going to explode?
- Why did you place it?
- Where is the bomb right now?
- What kind of bomb is it?
- What is your name and call-back number?

**KEEP THE CALLER ON THE TELEPHONE AS LONG AS POSSIBLE**

### RECORD

If you have the equipment, record the call. If you can't record, take notes – as detailed as you can – including the following information:

- Time and date of call.
- Exact words of caller or as close as possible.
- Sex and approximate age of caller.
- Accent and speech pattern/tone of voice.
- Background noises.
- Time call concluded.

### BOMB THREATS RECEIVED BY MAIL

If you receive a written threat by mail:

- Safeguard the object (letter, envelope, or package) as evidence and **DO NOT HANDLE** if further.
- Notify the CHP.
- Notify the emergency coordinator or alternate coordinator.

# BOMB SEARCH AND LOCATION

AN IMMEDIATE SEARCH IS THE SAFEST AND MOST EFFECTIVE METHOD FOR HANDLING A BOMB THREAT. EMPLOYEES WHO KNOW THE WORK AREA ARE THE PEOPLE MOST LIKELY TO IDENTIFY FOREIGN OR SUSPICIOUS OBJECTS.

## THE EMERGENCY COORDINATOR OR FLOOR WARDENS WILL ASSIGN THE FOLLOWING SEARCH DUTIES

### EMPLOYEES

Search their immediate work areas or as directed by floor warden or other emergency personnel.

**REMEMBER, YOU ARE ONLY LOOKING FOR SOMETHING THAT DOES NOT BELONG THERE!**

### TEAM SEARCH

Search public areas including lobbies, elevators, storage rooms, and restrooms. While the employee search is progressing, an employee team will also be assigned to search evacuation routes to ensure safe exit from the building.

### BUILDING MAINTENANCE PERSONNEL

Search areas assigned to the building owner: maintenance centers, equipment housings, storage areas, rooftop structures and outside areas.

## WHAT TO LOOK FOR

### REMEMBER THAT

Most bomb DO NOT look like bombs. Explosives may be packaged in a variety of innocent looking containers.

Look for the unusual or something that appears to be out of place.

Gain the assistance of employees familiar with the area to help search.

Anything that does not belong or whose nature and presence cannot be adequately explained is a suspicious object.

**SUSPECTED BOMB  
RECEIVED BY MAIL**

If you are uncertain about an object (letter, package, or envelope) treat it as a suspected bomb. Some characteristics to look for are:

- Parcel marked "Personal or Confidential".
- Poorly typed or handwritten address
- Incorrect title of person addressed.
- Excessive or uneven weight.

**HANDLING A  
SUSPECTED BOMB**

**DO NOT TOUCH, MOVE or DISTURB** the letter, package or envelope.

Notify other employees and evacuate the immediate area; prevent reentry; leave doors and windows **OPEN**.

Notify the CHP and give exact location and brief description of the object.

Shut off gas or fuel lines and remove flammables.

The CHP will evaluate the situation and determine appropriate action.

**IF YOU LOCATE A SUSPICIOUS OBJECT**

**ASSUME IT IS  
DANGEROUS**

**DO NOT TOUCH, MOVE or DISTURB** the object.

**DO not** use cell phones, remote controls, or transmit radio calls.

Attempt to locate a possible owner in the immediate vicinity.

Notify other employees and evacuate the immediate area; prevent re-entry; leave doors and windows **OPEN**.

Notify the CHP and give exact location and brief description of the object.

Shut off gas or fuel lines and remove flammables.

CHP will evaluate the situation and determine appropriate section.

**AFTER THE SEARCH**

**REPORT RESULTS**

After each area has been searched, floor wardens will report their results to the emergency coordinator of the command center.



# EXPLOSIONS

## IF AN EXPLOSION OCCURS IN YOUR BUILDING

### POSSIBLE CAUSES

Leaking gas.  
Faulty boilers.  
Explosives.

### ACTIONS

TAKE COVER under desks, tables, or other furniture or structures which will protect you against flying glass or debris.

**DIAL 9-1-1 \*** for fire, medical and police protection.

Notify the emergency coordinator and alternate coordinator.

After the effects of the explosion have subsided, the emergency coordinator or the CHP will decide if evacuation is necessary.

If evacuation is necessary, follow the instructions for evacuation on page 12.

\* If necessary, dial your outside lines access number first.

# WEAPONS

## IF A PERSON APPEARS WITH A WEAPON

COVER OR ESCAPE

Seek COVER or ESCAPE from the area.

**DIAL 9-1-1**

**DIAL 9-1-1 \*** from a PROTECTED AREA and state the following;

- There is a person with a weapon.
- My address is:

---

(provide cross streets , room number

- Give description of person and weapon.
- My name is: \_\_\_\_\_
- My call back number is:

---

\* If necessary, dial your outside lines access number first.

TAKE THE  
FOLLOWING ACTIONS

Warn others in immediate vicinity.

Close doors and alert others to do the same. STAY in PROTECTED areas.

Notify emergency coordinator or alternate coordinator.

Contact the CHP again and advise of any new information.

# ASSAULT

## IF AN ASSAULT OCCURS

### DIAL 9-1-1

**DIAL 9-1-1** \* from a PROTECTED AREA and state the following;

- There has been an assault. (If needed, request ambulance and/or police).
- My address is:

---

(provide cross streets , room number

- Give description of persons and type of weapon (if any).
- My name is:\_\_\_\_\_
- My call back number is:

---

If subject remains in office, **STAY IN THE PROTECTED AREA** and **STAY ON THE TELEPHONE** until he or she leaves.

\* If necessary, dial your outside lines access number first.

### TAKE THE FOLLOWING ACTIONS

For injuries, summon assistance and notify first aid personnel.

Notify the emergency coordinator or alternate coordinator.

SEND someone to meet the CHP or local law enforcement in the lobby or at the entrance to your work site.

Maintain contact with the CHP or local law enforcement agency and advise of any changes.

Contact the command center and provide updated information for rumor control purposes.

# HOSTAGE

## IF A HOSTAGE INCIDENT DEVELOPS

REMAIN CALM

DO NOT PANIC – REMAIN CALM – Cooperate as necessary.

ESCAPE

Attempt to ESCAPE quietly – WITHOUT TAKING ANY RISKS.

**DIAL 9-1-1**

Move away from the area and **DIAL 9-1-1 \***, report the following:

- There is a hostage incident.
- My address is:

---

(provide cross streets , room number)

- Give number of suspects and description.
- Give description of weapons (if any).
- Give number of employees held.
- My name is: \_\_\_\_\_
- My call back number is: \_\_\_\_\_

---

If subject remains in the office, stay in the protected area and stay on the telephone until he or she leaves.

\* If necessary, dial your outside lines access number first.

TAKE THE  
FOLLOWING ACTIONS

Notify emergency coordinator or alternate coordinator.

People involved or those closest to the incident should proceed to the command center and provide information to aid police.

EVACUATE nearby offices IF SAFE TO DO SO; all other employees should move quietly out of the area.

Notify command center of any evacuations or changes.

The command center will coordinate building evacuation, under the direction of CHP or local authorities.

# DEMONSTRATION

## DURING A DEMONSTRATION OR CIVIL DISTURBANCE

### TAKE THE FOLLOWING ACTIONS

Stay in the building, well away from demonstrators.

Continue business as usual and do not become part of the problem.

Obtain as much useful information about the demonstration as possible.

If peace-keeping authorities are not present, call the CHP or local law enforcement.

### NOTIFY THE EMERGENCY COORDINATOR

Notify the emergency coordinator or alternate coordinator who will:

- Post monitors at exits nearest to the demonstrators to redirect building occupants away from the demonstration.
- Take steps to prevent access of unauthorized persons into restricted areas.

**REMEMBER, MOST DEMONSTRATIONS ARE PEACEFUL, BUT BE  
ON THE ALERT FOR ANY QUICK MOOD CHANGES.**

# EARTHQUAKE

## IF YOU ARE INDOORS

DUCK, COVER, AND  
HOLD

If inside do NOT leave: IMMEDIATELY TAKE COVER under tables, desks, doorways or similar protected places.

TAKE THE  
FOLLOWING ACTIONS

Remain clam and alert others around you.

Stay away from overhead fixtures, windows, skylights, filing cabinets and bookcases.

In an elevator: take cover against the interior wall until the elevator stops, then GET OUT on the nearest floor.

In a HALLWAY or CORRIDOR: brace yourself against the wall and duck down covering your head and eyes with your arms.

Await emergency instructions.

## IF YOU ARE OUTSIDE

TAKE THE  
FOLLOWING ACTIONS

Move into a doorway or building lobby if close by. If you are in an open space area, stay there.

When driving, do NOT stop on or under a bridge or overpass, pull to the side of the road in a SAFE, OPEN AREA, and stay in the vehicle and listen to radio broadcasts.

## AFTER THE SHAKING STOPS

TAKE THE  
FOLLOWING ACTIONS

Check persons around you for injuries and provide assistance or send for emergency medical assistance.

EXPECT AFTERSHOCKS: beware of falling debris or electrical wires.

DO NOT use the telephone unless for emergency assistance.

DO NOT use elevators.

Follow all emergency instructions and evacuate according to procedures if instructed. Gather at evacuation site for further instructions.

# FLOOD

## SUDDEN, SEVERE FLOODING

Evacuate all office spaces immediately and relocate to a safe place or the rooftops. If you have a portable radio, take it with you. Know your general public information radio stations.

The emergency coordinator or alternate will seek direction from the County Office of Emergency Services and provide further instructions.

## SLOW FLOODING

The Office of Emergency Services, the CHP, or other local authority should be able to tell your emergency coordinator about the timing and estimated depth of the flooding.

The emergency coordinator and emergency staff will evaluate the expected results of the flooding and recommend actions, with the advice of the CHP and/or other authorities.

Services to the public may be suspended long enough to resolve problems caused by the flooding.

## DAMAGE PREVENTION

### IMMEDIATE ACTIONS

The emergency coordinator and other emergency personnel must take immediate action to prevent or reduce damage:

- Shut down all power and utilities as soon as possible.
- Remove records and supplies from danger areas.
- Cooperate with the CHP or local law enforcement, coworkers, and emergency authorities.

### LONG TERM PREPAREDNESS

In flood areas water is likely to flood through the offices indiscriminately. Each office should develop a plan ahead of time and make all staff aware of procedures.

In flood season, offices should be ready to:

- Cover computers, typewriters, calculators, and other equipment with plastic covers if possible to prevent or reduce water damage.
- Move records and files to dry location, if time permits.
- Cooperate, follow directions, and assist coworkers and emergency personnel throughout the emergency situation.

**Emergency Evacuation Roster**  
**CDFA Main**  
**1220 N Street, Sacramento, CA**

Floor	Assignment	Zone	Responsible	Volunteer & Contact Number
Basement	Floor Warden		Departmental Services	Steve Wilson
				(916) 654-1243
Basement	Zone Monitor	1 & 2	Departmental Services	Ray Lucas
				(916) 654-1243
Basement	Zone Monitor	3 & 4	Departmental Services	Jim Stich
				(916) 654-1243
1st Floor	Floor Warden		Admin Services	Anita Schnaffer
				(916) 654-1220
	Zone Monitor	1	Admin Services Departmental Services	Valerie Roberts
				(916) 651-0441
		ASER	ASER	Trish Cox (916) 651-6517
	Zone Monitor	2	Contracts/Budget	Taryn Dodd
				(916) 654-0997
	Zone Monitor	3	Financial Services	Marlene Sullivan
				(916) 654-0401
	Zone Monitor	4	Departmental Services	Lowell Jarvis (916) 653-2607
	Buy CA Bistro		Human Resouces	Darrin Okimoto (916) 653-1348
	<b>Alternate Zone Monitors</b>	Any Rest-rooms	Departmental Services Financial Services	Pamela Sherron (916) 654-0752 Brenda Williams (916) 654-0306
2 <sup>nd</sup> Floor	Floor Warden		Public Affairs	Mary Alexander
				(916) 654-0462
	Elevator Monitor & Main Stairwell		Human Resources	VACANT
				(916) 651-6166
	Stairwell Monitor	1	Executive	Trish Vasquez
				(916) 657-3231
	Stairwell Monitor	2	GMP	Kamalee Shurden
				(916) 651-0283
	Stairwell Monitor	3	Human Resources	Candy Halverson (916) 657-4715
2 <sup>nd</sup> Floor	Stairwell Monitor	4	Human Resources	Jerry Thomas (916) 651-8917



Floor	Assignment	Zone	Responsible	Volunteer & Contact Number
	<b>Alternate Stairwell Monitor</b>	Any Zone	Human Resources	Nancy Limatta (916) 654-0330
	Zone Monitor	1	Human Resources	Allen Chancey (916) 654-0790
	Zone Monitor	2	Public Affairs	Josh Eddy (916) 654-0462
	Zone Monitor	3	Budgets	Kellie Schnieder (916) 654-1387
	Zone Monitor	4	Human Resources	Mark Higgs (916) 654-0353
	<b>Alternate Zone Monitor</b>	Any Zone	Human Resources	Gay Faivre (916) 657-4848
3 <sup>rd</sup> Floor	Floor Warden		Pierce's Disease	Janet LeMasters (916) 651-0272
	Elevator Monitor & Main Stairwell		Pierce's Disease	Tom Esser (916) 651-0253
	Stairwell Monitor	1	Pierce's Disease	Stacie Oswalt (916) 651-0257 Gloria Gin (916) 651-0253
	Stairwell Monitor	2	Legal	Richard Estes (916) 654-1393/654-5633
	Stairwell Monitor	3	IPC IPC	Monica Aguirre (916) 654 0768 Steve Schoenig (916) 654-0768
	Stairwell Monitor	4	Audits	Erin Bristow (916) 653-0473
	<b>Alternate Stairwell Monitor</b>	Any Zone	Pierce's Disease	Raygina Medeiros (916) 654-6003
	Zone Monitor	1	Pierce's Disease	Melinda Mochel (916) 651-0268 Sean Veling (916) 651-0264
	Zone Monitor	2	Legal	Lucy Valenton (916) 654-1393/651-0308
3 <sup>rd</sup> Floor	Zone Monitor	3	IPC IPC	Larry Bezark (916) 654-0768 Carrie James (916) 654-0768

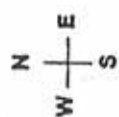
Floor	Assignment	Zone	Responsible	Volunteer & Contact Number
	Zone Monitor	4	Audits IPC	Raman Bola (916) 651-8719
				Bob Dowell (916) 654-0768
	Alternate Zone Monitor	Any Zone	Departmental Services	Kathy Shea
				(916) 651-8642
4 <sup>th</sup> Floor	Floor Warden		Executive	Jeff Hillard
				(916) 653-7713
	Elevator Monitor & Main Stairwell		Departmental Services	Donna Weber
				(916) 651-9939
	Stairwell Monitor	1	Executive	Jonnalee Henderson
				(916) 651-9912
	Stairwell Monitor	2	Executive	Tammy Hernandez
				(916) 651-6870
	Stairwell Monitor	3	Information Technology	Karen Boner
				(916) 653-4595
	Stairwell Monitor	4	Ag/Environmental Stewardship	Dave Luscher
				(916) 653-9140
	Alternate Stairwell Monitor	Any Zone	Executive	Mary Latorre
				(916) 654-0321
	Zone Monitor	1	Executive	Sue Ichiho
				(916) 653-6549
	Zone Monitor	2	Executive	Elizabeth Sandoval
				(916) 654-0433
	Zone Monitor	3	Information Technology	Karen Palacios
				(916) 653-4428
	Zone Monitor	4	Ag/Environmental Stewardship	Merry Wells
				(916) 657-4956
	Alternate Zone Monitor	Any Zone	Executive	Melissa Eidson
				(916) 654-0475

**Building Evacuation Roster  
CDFA Annex  
1215 O Street, Sacramento, CA**

<b>Floor</b>	<b>Function</b>	<b>Zone</b>	<b>Responsible</b>	<b>Volunteer &amp; Contact Number</b>
1 <sup>st</sup> Floor	Floor Warden		AHFSS	Kris Peeples (916) 657-5285
	Zone Monitor	1 & 2	AHFSS	Rachelle Brammeier (916) 657-5352
	Zone Monitor	3 & 4	AHFSS	Judy Garig (916) 654-0889
	<b>Alternate Zone Monitor</b>	Any Zone	AHFSS	Mila Mathews (916) 653-3190
3 <sup>rd</sup> Floor	Floor Warden		Plant Admin	Aurelio Posadas (916) 654-0317 Steve Brown (916) 654-0317
	Elevator Monitor & Main Stairwell	3	PE/Nursery	Mark Stirling (916) 653-1440 Sean Dayyani (916) 654-0435
	Stairwell Monitor Freight Elevator	2	IT Nursery	Casey Estep (916) 653-1440 John Heaton (916) 654-0435
	Stairwell Monitor	3	PE PE	Brian Cahill (916) 653-1440 Carla Markman (916) 653-1440
	<b>Alternate Stairwell Monitor</b>	Any Zone	PD/EP PE	John Hooper (916) 654-1243 Roger Cline (916) 653-1440
	Zone Monitor	1	PD/EP PDEP	Debby Tanouye (916) 654-1211 Cliff Ramos (916) 653-2962
	Zone Monitor	2	Nursery Plant Admin	Mike Colvin (916) 654-0493 Ralph Percious (916) 653-6578
	Zone Monitor	3	PE PE	Gary Leslie (916) 653-1440 Nick Condos (916) 653-1440
	Zone Monitor	4	Plant Admin Plant Admin	Dorthea Zadig (916) 654-0317 Jim Rains (916) 654-0317
	<b>Alternate Zone Monitor</b>	Any Zone	PE PDEP	Courtney Albrecht (916) 653-1440 Kevin Hoffman (916) 654-1221

# 1220 N Street - Main Building

## Basement



Zone 1

Zone 2

Zone 2

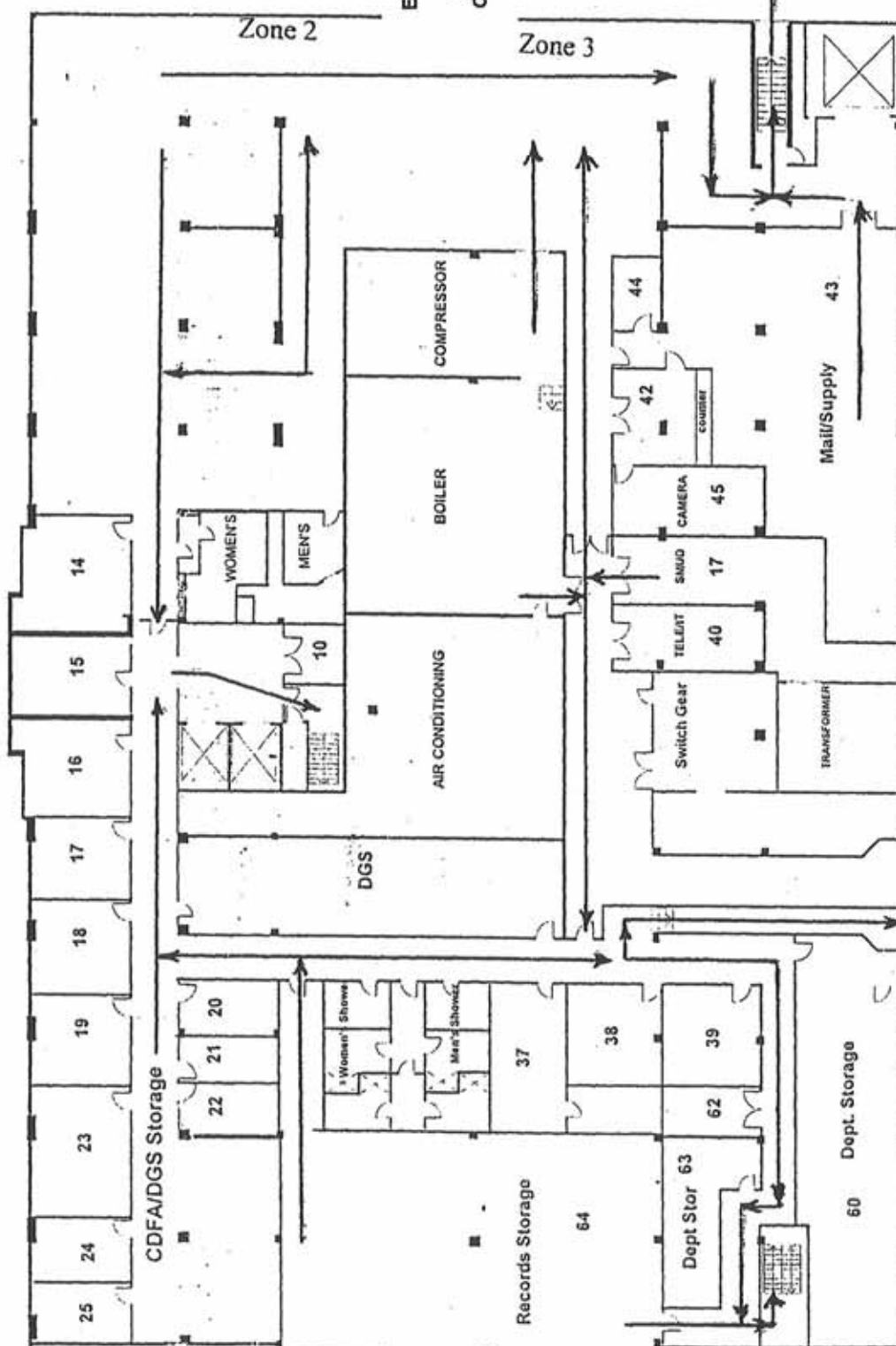
Zone 3

Zone 3

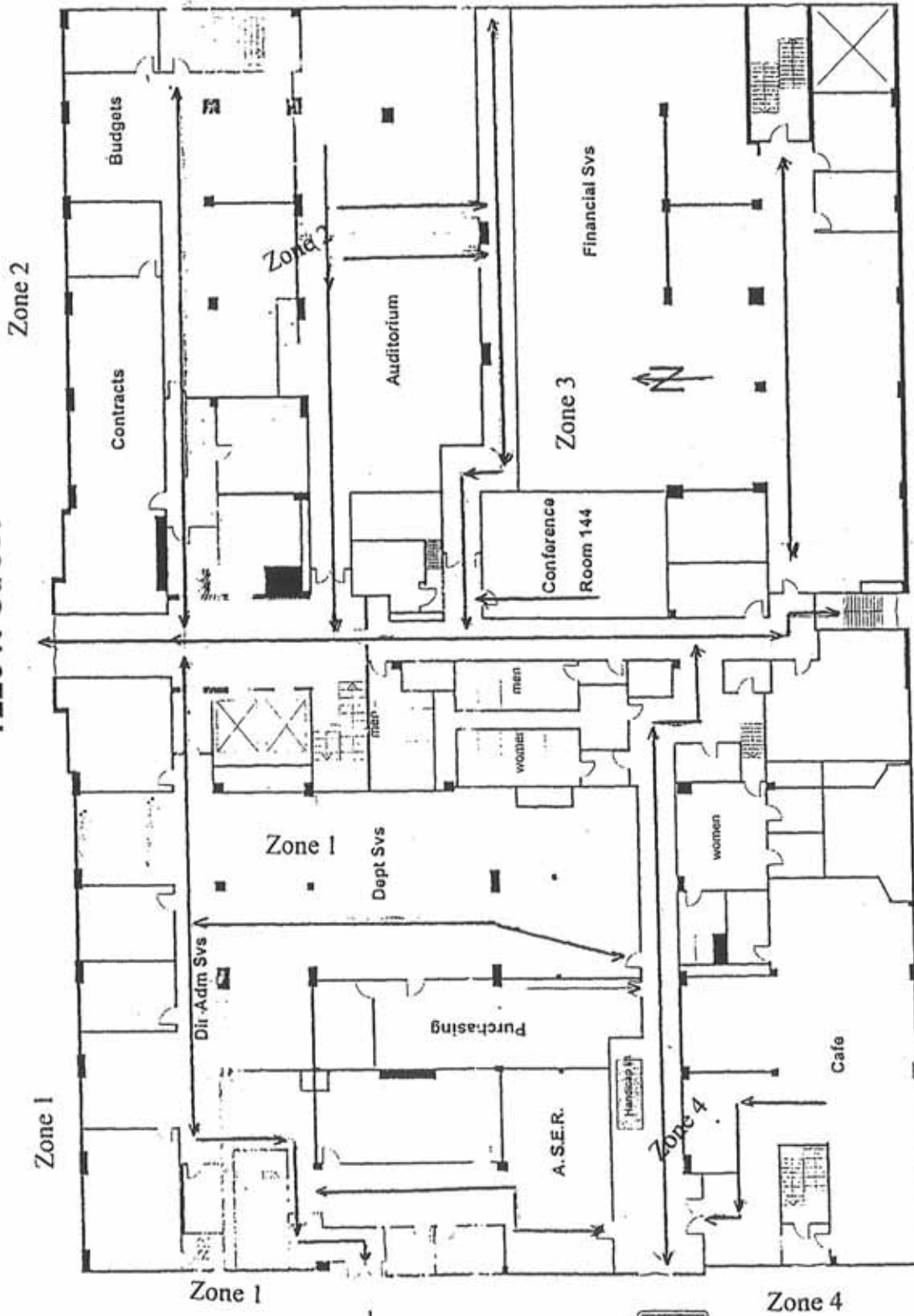
Zone 4

Exit North to  
N St  
At 12th St  
Cross to Park

Exit North to  
N St  
At 13th St  
Cross to Park



1st Floor  
1220 N Street

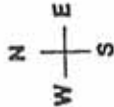


Exist North t  
N St.  
at 13<sup>th</sup> St  
Cross to Parl

Exist North to  
N St.  
at 12<sup>th</sup> St  
Cross to Park

Alley behind Building





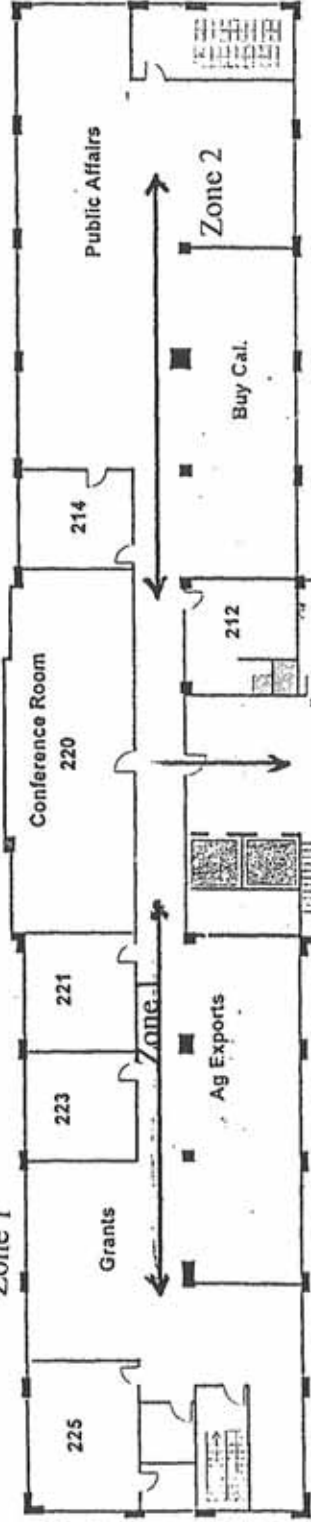
1220 N Street

2nd Floor

N Street

Zone 2

Zone 1



Public Affairs

Zone 2

Buy Cal.

Conference Room  
220

214

212

231

233

Mech  
237

243

239

Human Resources

Zone 3

221

223

Grants

Ag Exports

Men's

Women's

Janitor  
240

244

Human Resources

Zone 4

Zone 1

Exit North to  
N St  
At 12th St  
Cross to Park

Zone 3

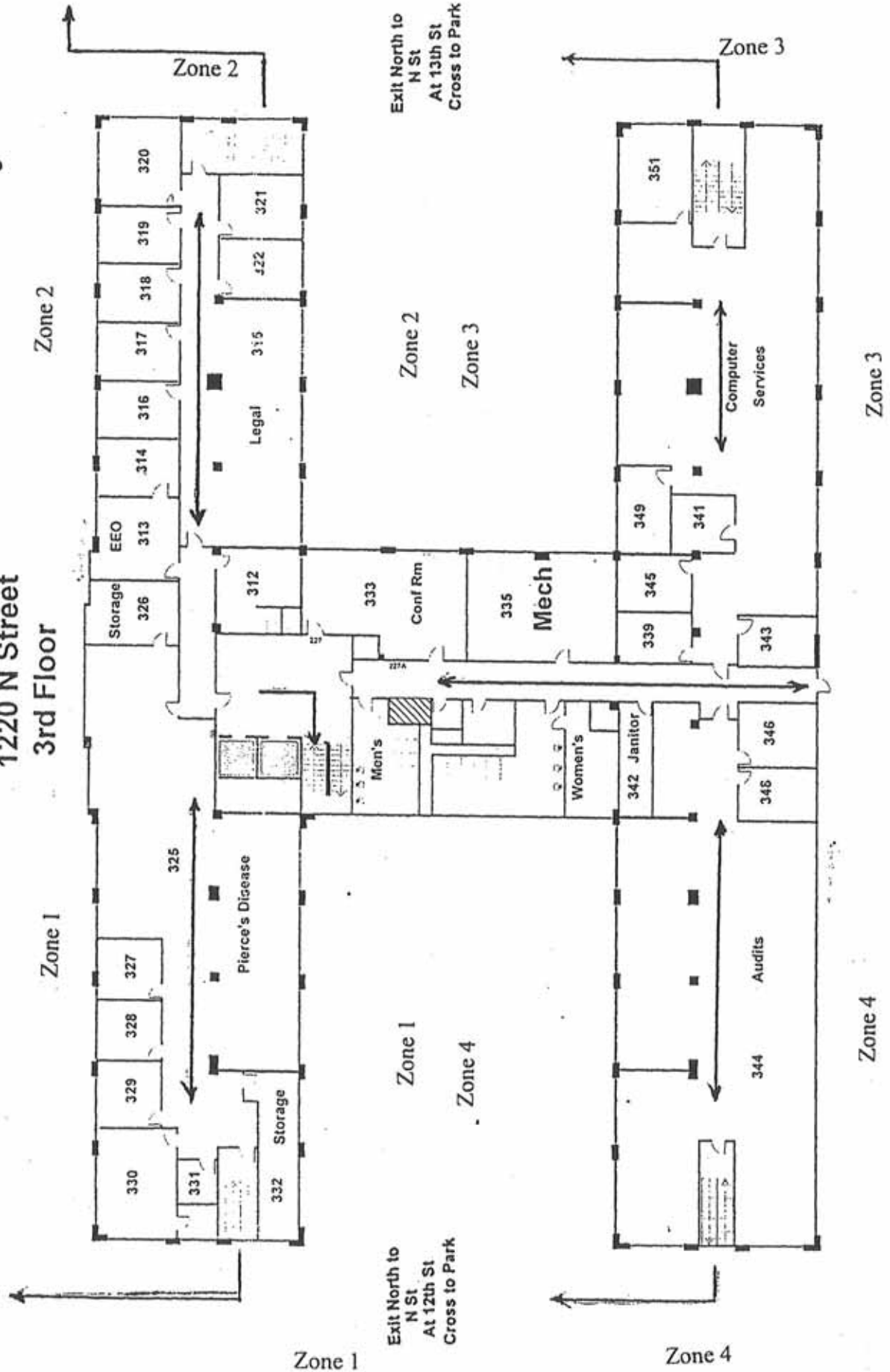
Exit North to  
N St  
At 13th St  
Cross to Park

Zone 4

Zone 3

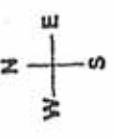


1220 N Street  
3rd Floor



4nevac.pf3  
07/05

1220 N Street  
4th Floor



Zone 2

Zone 1



Zone 1

Zone 1 Zone 4

Exit North to  
N St  
At 13th St  
Cross to Park

Exit North to  
N St  
At 12th St  
Cross to Park

Zone 3

Zone 3

Zone 4

Zone 3

Zone 4

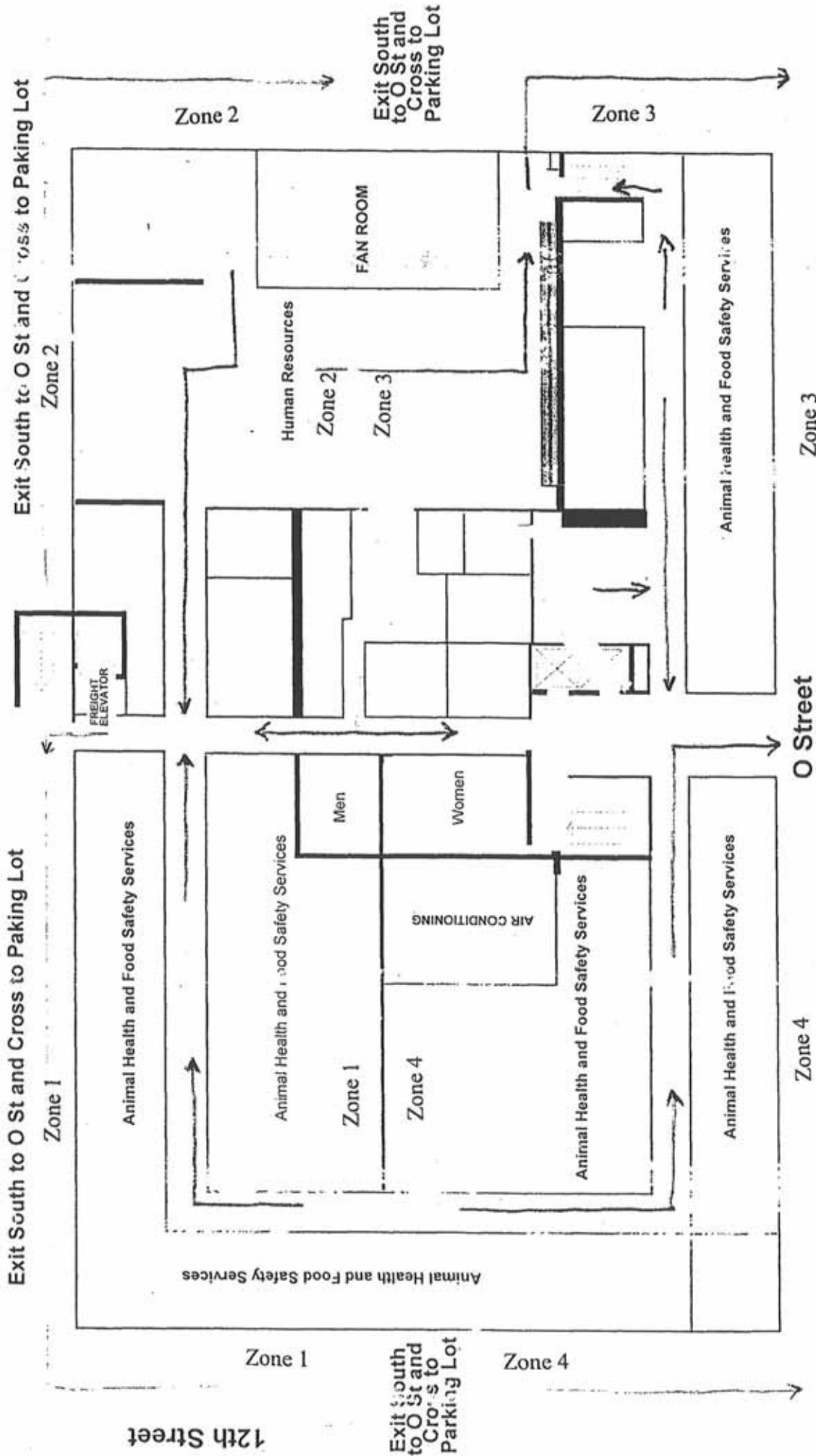


# Department of Food and Agriculture

## 1215 O St - Annex Building

### 1st Floor

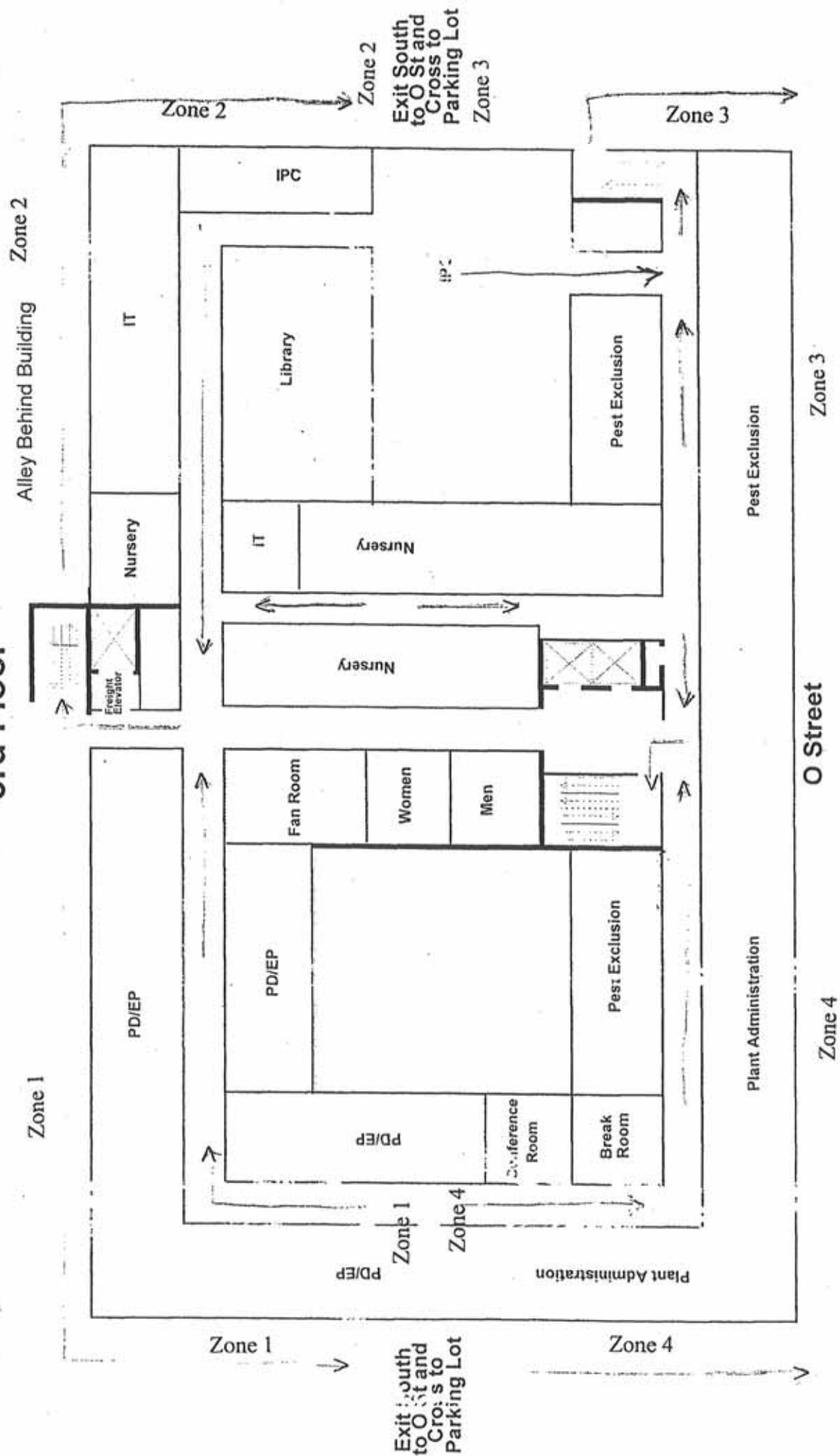
Alley Behind Building



## Department of Food and Agriculture

**1215 O St - Annex Building**

### 3rd Floor





**BOXES  
CAJAS**



# LIFTING SAFER LEVANTANDO CON MAYOR SEGURIDAD



**LUMBER / PIPES  
MADEROS/TUBERÍA**



**SHEETS  
LÁMINAS**



**SACKS / BAGS  
SACOS / BOLSAS**



To learn more about job safety and receive free publications, please call our toll-free number at 1-800-963-9424 or download from our Web site at [www.dir.ca.gov/dosh/puborder.asp](http://www.dir.ca.gov/dosh/puborder.asp)

Para aprender más sobre la seguridad en el trabajo y recibir publicaciones gratis, por favor llame a nuestro número gratuito al 1-800-963-9424 o entre a la página de Internet al [www.dir.ca.gov/dosh/puborder.asp](http://www.dir.ca.gov/dosh/puborder.asp).

## Policy

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This Ergonomics Program (Program) is intended to introduce and promote a work environment, including the position of tools, furniture and equipment, which is compatible with the physical and behavioral capabilities of the employee. It is the policy of the Department of Food and Agriculture (CDFA) to maintain an effective ergonomic program by selecting furniture and equipment, and arranging workstations, that will reduce health risks and personal injury in the workplace.

## Authority

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Title 8, Section 5110, California Code of Regulations.

## Responsibility

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### *Department Health & Safety Officer*

The Health and Safety Officer is the Ergonomic Program administrator, and is responsible for overseeing the Program, disseminating information, providing direction to managers, supervisors and staff regarding ergonomics, distributing and maintaining this written Program, conducting workstation evaluations, and assisting in providing required training.

### *Managers and Supervisors*

Managers and supervisors are responsible for ensuring that all elements of this Program, including identifying work activities that are especially prone to risk factors, and training are implemented and provided to all employees.

Managers and supervisors shall encourage employees' early reporting of symptoms and prompt evaluation by an appropriate health care provider.

Supervisors shall initiate workstation evaluations to be conducted upon request by the employee.

### *Employees*

Employees shall follow applicable workplace safety and health rules, and follow work practice procedures related to their jobs.

## Ergonomics Program

Employees shall notify their supervisors of any pain and/or discomfort associated with their work, equipment, tools, new products, or new operation.

### Definitions

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<i>Administrative Controls</i>	Efforts made to redesign workstations, adjust work spaces, change work assignments, change work schedules and work duties, limit worker exposure, including measuring performance, training, housekeeping and maintenance.
<i>Cumulative Trauma Disorder (CTD)</i>	Any physical disorder that develops from or is aggravated by cumulative stress to tissues and joints caused by repetitive motion.
<i>Engineering Controls</i>	Includes devices such as adjustable workstations, tables, chairs, equipment, keyboards, and tools; or physical modifications to workstations, equipment, tools, or production processes.
<i>Ergonomics</i>	The study of physical and behavioral interaction between humans and their environment, and the science of fitting workplace conditions and job demands to the capabilities of the employees.
<i>Personal Protective Equipment (PPE)</i>	Items worn on or attached to the body for protection; i.e., clothes, padding, gloves, devices, or equipment.
<i>Repetitive Motion Injury (RMI)</i>	See <i>Cumulative Trauma Disorder (CTD)</i> .
<i>Risk Factors</i>	<p>The presence of work activity factors such as:</p> <p>Frequency – The rate at which an activity or motion is repeated during a work shift.</p> <p>Duration – The continuous time spent performing a specific task or motion.</p> <p>Repetition – Frequency of repeating the same or similar motions.</p> <p>Force – Physical exertion by or pressure applied to any part of the body.</p>

Exposure – Temperature extremes to whole body or certain parts of the body.

Posture – The position of a body part during work activity.

PsychoSocial Issues – Stress, boredom, anxiety, and lack of job satisfaction.

### *Workstation Evaluations*

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Each employee has unique physical characteristics: height, weight, reach, strength, sight, and hearing. A worker also brings individual work methods and style, such as lifting techniques, and sometimes unique ways of performing a task.

Workstation evaluations take into consideration all of the physical characteristics of an employee and attempts to match the employee to his/her work activity through the use of ergonomic principles.

The objective of a workstation evaluation is to identify health risks in the workplace. Supervisors should identify work activities that are especially prone to CTD risk, such as:

- Repeated use of the same tool or similar tools in activities.
- Repetitive keystroking, which consists of manually striking or pressing a data-entry device such as a keypad or button.
- Repetitive processing of items such as: assembly, cutting, trimming, packing, loading, or mail handling.
- Routine use of a mechanical or electronic device, such as chainsaw, hand drill, or power tools.
- The interval between repetitive motions and exertions, or between periods of repetitive activity, which is needed to prevent fatigue of the body parts performing the activity.
- The presence of vibration while performing repetitive activities.
- Exposure of fingers and toes to cold temperatures while performing repetitive activities.
- Awkward posture, which puts stress on tendons, muscles and joints.
- Static posture measured by one position held for a prolonged period of time.

Where repetitive activity is present, the high-risk activities listed above can occur together. It is essential to identify each separately to ascertain which are the most hazardous and how each can be reduced.

## *Ergonomics Program*

Supervisors should initiate an inquiry whenever an employee discusses or reports that they are experiencing discomfort associated with his/her work, workstation, equipment, tools, a new product, or new operation.

### *Control Interventions*

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Control interventions are methods and strategies that can be introduced into the workplace, work activity, or process to reduce CTD risk.

Supervisors, with the assistance of the Health and Safety Officer, should consider using control intervention whenever possible.

Administrative controls consist of early intervention in reviewing proper work practices, correctly matching workers to job demands, and other job considerations.

Engineering controls are aimed at eliminating the source of the ergonomic problem through engineering and design. Such factors as lowering or raising worktables, reorganizing the work process, and reducing hand forces can reduce CTD risk.

Personal protective equipment (PPE) for use in ergonomic situations is very limited. Splints, back belts or lumbar supports shall not be used unless under the advice of a licensed physician or chiropractor.

### *Distribution*

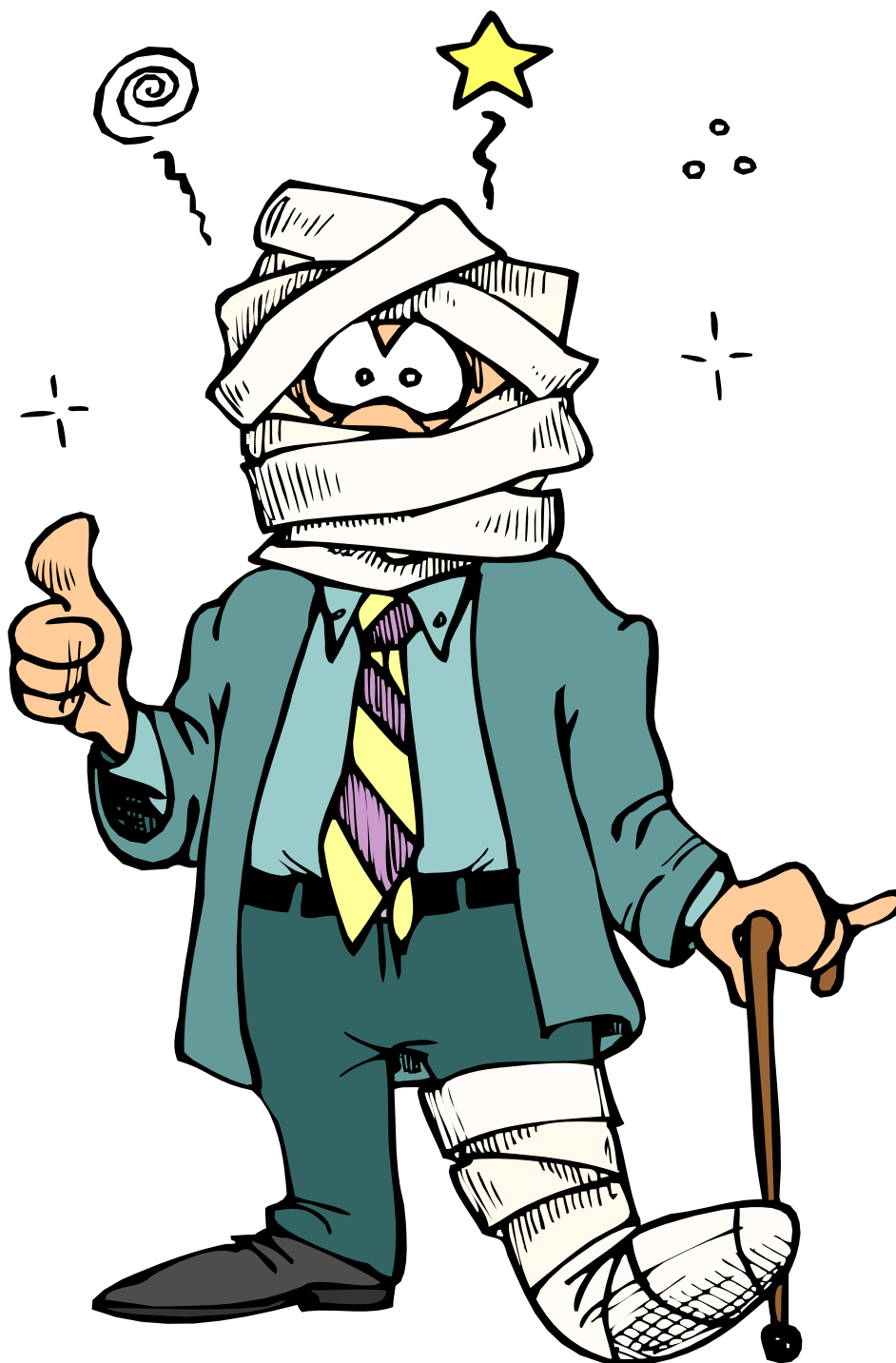
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Distribution of the above program includes all employees.

For more information on this Program, or to request workstation evaluations, contact the Health and Safety Officer, Human Resources Branch, at (916) 654-0790 (CALNET 8-464-0790).



# CALIFORNIA DEPARTMENT OF FOOD & AGRICULTURE



GUIDE TO ACCIDENT AND CRIME REPORTING



**DEPARTMENT OF FOOD AND AGRICULTURE**  
**GUIDE TO ACCIDENT & CRIME REPORTING**

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# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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### **I. Injured CDFA Employee**

If an accident results in an injury which requires medical attention, or causes the employee to lose time from work, the supervisor must complete a SCIF 3067, Employer's Report of Occupational Injury or Illness. Within 24 hours of having knowledge of the accident or injury, the supervisor must also provide the employee with SCIF 3301, Employee's Claim for Workers' Compensation Benefits. Information regarding these forms is available from the Human Resources Branch, Disability Management Unit.

Some accidents do not result in lost time or the need for medical attention. In these cases, the supervisor should still make note of the accident for future reference. The supervisor may use Form SO-130, Accident/Exposure Report, to document the accident. The supervisor should send a copy of the completed Form SO-130 to the Health and Safety Officer in Human Resources Branch (HRB) and keep the original in his/her file. If, in the future, the employee loses time or seeks medical attention as a result of the accident, the supervisor can refer to the notes on Form SO-130 to complete the form 3067. The supervisor will attach the original Form SO-130 to the form 3067.

In some cases, a supervisor may accompany an injured employee to a medical facility. Seriously injured employees should be assisted by calling 9-1-1 (9-9-1-1 at Headquarters).

If the injured employee seeks medical treatment, or loses time from work, forms must be completed and forwarded as follows:

#### **A. Claim for Workers' Compensation – SCIF 3301**

This form must be offered to the injured employee within 24 hours of the supervisor's knowledge that an accident occurred. It is the injured employee's responsibility to complete his/her portion of the form and return it to the supervisor. When returned, the supervisor completes the "Employer" portion, gives the employee his/her copy, and forwards the original to CDFA's Disability Management Unit.

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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### **B. Employer's Report of Occupational Injury or Illness – SCIF 3067**

This form must be completed by the injured employee's supervisor, **not the employee**. Please note that the "Supervisor's Review" must be checked in one of the following boxes:

Box 1: *Facts available lead me to believe this work injury was caused by and happened during State work.*

This box should be checked if there is a reputable witness that can clearly identify the injury or illness with conditions of employment, or if the supervisor has other reasonable substantiation.

Box 2: *From all the facts, I need my superior's or a physician's advice. The alleged claim of injury is not clearly identified with State employment.*

This box should be checked if there are no witnesses, or if the supervisor has doubts as to the cause of the injury/illness.

Box 3: *The facts do not indicate this claim of injury was work connected.*

This box should be checked if the supervisor has facts to support that the injury or illness was not work related. Attach a thorough explanation of the basis of this choice.

The completed report must be received at the CDFA Sacramento Headquarters, Disability Management Unit, within 24 hours of knowledge of the accident or injury. A copy of this form is acceptable if all signatures cannot be obtained within 24 hours. Please contact the Workers' Compensation Analyst at (916) 654-9761 prior to faxing this confidential document. The fax number for CDFA's Workers' Compensation Analyst is (916) 653-5661.

### **C. Disclosure of Witness – WCU-010**

This form must be completed whether or not there was a witness, and received at CDFA Sacramento Headquarters, Disability Management Unit, within three days of knowledge of the accident.

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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**Important: When completing accident forms, enter facts only.  
Conjecture or opinions may be submitted as an  
attachment.**

### **D. Notice of Serious Injury or Death**

In addition to completing the forms mentioned above, in the case of a serious injury<sup>1</sup> or death, the CDFA Health and Safety Officer must notify the Department of Industrial Relations, Division of Occupational Safety and Health within eight (8) hours of the incident.

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<sup>1</sup> Serious Injury is defined as one in which:

- Employee is hospitalized over 24 hours for more than observation
- Employee experiences permanent disfigurement
- Employee experiences loss of limb (bone)

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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### II. Vehicle Accident: Injury or Non-Injury

**All** motor vehicle accidents involving a State-owned vehicle or any vehicle being used on State business must be reported within 48 hours as follows:

- A. Accident Identification Card – Form STD. 269** (card should be in the glove compartment of all State vehicles (1/2002 version or later)).

The employee completes the front of the card, detaches and gives it to the other driver. Employee completes the remainder of the card with the other driver's information, including any insurance information, and documents the details of the accident. This card is used to help fill out the Vehicle Accident Report, Form STD 270. At the accident scene, do **not** admit fault or make any promises that the State will pay for any damages.

- B. Vehicle Accident Report – Form STD. 270**

This form is to be completed for all vehicle accidents and **mailed** with the State Driver Accident Review, Form STD. 274, to CDFA, 1220 N Street, Sacramento, CA 95814, ATTN: Fleet Coordinator, within 48 hours of the accident. You can fax a copy to the Fleet Coordinator at (916) 654-1128 and follow up with the original as soon as possible. The Fleet Coordinator will forward report to the Department of General Services, Office of Risk and Insurance Management (ORIM).

- C. State Driver Accident Review – Form STD. 274**

Complete and mail with Form STD. 270, Vehicle Accident Report, to CDFA, 1220 N Street, Sacramento, CA 95814, ATTN: Fleet Coordinator, within 48 hours of the accident.

- D. Police Report**

The program must send a copy of the police report (if one was taken) to the Fleet Coordinator as soon as it is available.

- E. Photographs of Damages**

Take photographs of all damages and forward them to the Fleet Coordinator. If you have no way of taking photographs, contact your State Auto Inspector with the Department of General Services, Fleet

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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Administration. If you have access to a digital camera, email the photographs to the Fleet Coordinator at [sfredrikson@cdfa.ca.gov](mailto:sfredrikson@cdfa.ca.gov).

### **F. Accidents Resulting in Injury to Persons Other than State Employee**

In case of an accident resulting in injury to persons other than State employees, or involving serious damage to the property of others, the accident should be immediately reported by telephone to ORIM, as follows:

During normal working hours:

(916) 376-5300      (CALNET 8-480-5300)

On weekends or holidays (voice mail):

(916) 376-5295      (CALNET 8-480-5295)

*NOTE: The above telephone notification does not replace the need to process the Forms STD. 270 and 274 as directed above.*

Notify the CDFA Fleet Coordinator at (916) 654-1222 (CALNET 8-464-1222) as soon as possible (during normal working hours).

If the State driver is injured, his/her supervisor must complete the workers' compensation forms and contact the Disability Management Unit in HRB for information on seeking medical attention and/or submitting a claim. See page 2 under Injured CDFA Employee for more information.

If you have any questions regarding the processing of State vehicle accident forms (injury or non-injury accident) or repairing the vehicle, call the CDFA Fleet Coordinator at (916) 654-1222 (CALNET 8-464-1222).

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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### III. Repairing Vehicle Damage Caused by Vehicle Accident

Get three estimates for the repairs. The local State Automotive Inspector must approve one of the estimates before the work is started.

Take the vehicle to the approved vendor.

When the repairs are completed, send **copies** of all of the estimates and a **copy** of the final invoice to the CDFA, 1220 N Street, Sacramento, CA 95814, ATTN: Fleet Coordinator.

Send the original invoice through your program's usual process for having invoices paid.

If the accident was the fault of the other party, the CDFA Fleet Coordinator will send all of the appropriate paperwork to ORIM and request they collect the reimbursement for damages from the other party.

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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### IV. Thefts and Other Crimes (Non-Injury)

#### A. Report of Crime on State Property – Form STD. 99

This form must be completed and the original mailed to CDFA, 1220 N Street, Sacramento, CA 95814, ATTN: Property Coordinator, within three (3) days of the occurrence or awareness of a crime.

#### B. Notifying Law Enforcement

The appropriate law enforcement agency must be notified and a report secured and forwarded to the Property Coordinator.

The non-emergency phone number of the local law enforcement agency should be identified and posted by employee phones and other bulletin boards. Enter that phone number below.

**NOTE:** At the Sacramento Headquarters building, the California Highway Patrol is always the law enforcement agency called. For offices outside of the Headquarters building, call the local city police or county sheriff.

### NON-EMERGENCY LAW ENFORCEMENT TELEPHONE NUMBER

(     )                      -
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## DEPARTMENT OF FOOD AND AGRICULTURE

### GUIDE TO ACCIDENT & CRIME REPORTING

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#### **V. REPORTING VEHICLE INVOLVED ACCIDENTS FOR NON-STATE EMPLOYEES (BORDER STATIONS ONLY)**

All accidents involving a member of the public occurring at a Border Station must be reported on Accident Report, Form STD. 268, and filed within 48 hours, as follows:

**A.** In describing the accident, state only facts (not opinions) as follows:

1. Organizational unit involved;
2. Time, place and circumstances of accident;
3. Names and addresses of all persons involved;
4. Names and addresses of witnesses;
5. All insurance information; and
6. Photographs of damage.

If circumstances need to be clarified, use an attachment.

**B.** Send the original Form STD. 268 to CDFA, 1220 N Street, Sacramento, CA 95814, ATTN: Fleet Coordinator. The Fleet Coordinator will forward the report to appropriate offices.

If you have any questions regarding the processing of this form for Border Station accidents, call CDFA Sacramento Headquarters, Fleet Coordinator at (916) 654-1222 (CALNET 464-1222).

## DEPARTMENT OF FOOD AND AGRICULTURE

### GUIDE TO ACCIDENT & CRIME REPORTING

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#### **VI. REPORTING ACCIDENTS FOR NON-STATE EMPLOYEES (NON-VEHICLE)**

All accidents (other than vehicle) involving a member of the public occurring on State property, or whenever there is a potential State/private entity involvement, must be reported on Accident Report, Form STD. 268, and filed within 48 hours, as follows:

**A.** In describing the accident, state only facts (not opinions) as follows:

1. Organizational unit involved;
2. Time, place and circumstances of accident;
3. Names and addresses of all persons involved;
4. Names and addresses of witnesses;
5. All insurance information; and
6. Photographs of damage.

If circumstances need to be clarified, use an attachment.

**B.** Send the original Form STD. 268 to CDFA, 1220 N Street, Sacramento, CA 95814, ATTN: Health and Safety Officer. The Health and Safety Officer will forward the report to appropriate offices.

If you have any questions regarding the processing of this form for non-employee accidents, call CDFA Sacramento Headquarters, Health and Safety Officer at (916) 653-8383 (CALNET 453-8383).

# DEPARTMENT OF FOOD AND AGRICULTURE

## GUIDE TO ACCIDENT & CRIME REPORTING

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### **VII. INVESTIGATION OF ACCIDENTS, INJURIES AND CRIMES**

One of the most effective tools to prevent accidents is to investigate all workplace accidents, minor or major. The California Department of Food and Agriculture is committed to accident prevention, but it is primarily the supervisor's responsibility to investigate all accidents for the following reasons:

- A.** Supervisors can more effectively communicate with their employees;
- B.** Supervisors are familiar with the worksite conditions that were present at the time of the accident;
- C.** Supervisors can take immediate action to prevent further accidents;  
and
- D.** Supervisors are responsible for the welfare of their employees.

**DEPARTMENT OF FOOD AND AGRICULTURE**  
**GUIDE TO ACCIDENT & CRIME REPORTING**

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**VIII. ACCIDENT FORMS – INDEX**

ATTACHMENT NO.	FORM NAME AND NUMBER
1	Employer's Report of Occupational Injury or Illness, SCIF 3067 (Rev. 11/02)
2	Employee's Claim for Workers' Compensation Benefits, SCIF 3301 (Rev. 6/95)
3	Disclosure of Witness, WCU-010 (Rev. 8/18/99)
4	Report of Crime on State Property, STD. 99 (Rev. 1/2000)
5	Accident Report (Other Than Motor Vehicles), STD. 268 (Rev. 8/94)
6	Accident Identification, STD. 269 (Rev. 1/02)
7	Vehicle Accident Report, STD. 270 (Rev. 2/02)
8	State Driver Accident Review, STD 274 (Rev. 5/99) - See Fleet Coordinator
9	Accident/Exposure Report, SO-130 (Est. 8/00)

## Policy

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This Hazard Communication Program (Program) is intended to provide information about chemical hazards and other hazardous substances in the workplace and to ensure that employees receive proper training in the use of these substances. The written program shall be made available to all employees and shall specifically be included in the orientation for new employees. In addition, the Program shall be provided, upon request, to the employees' union representatives, Cal/OSHA, and/or the National Institute of Occupational Safety and Health (NIOSH). All staff must have knowledge of and be familiar with the content of this Program.

## Authority

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Title 8, Section 5194, California Code of Regulations

## Responsibility

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### *Department Health & Safety Officer*

The Health and Safety Officer is the Hazard Communication Program administrator, and is responsible for overseeing the Program, disseminating information, providing direction to managers, supervisors and staff regarding hazardous materials, distributing and maintaining this written Program, and assisting in providing required training.

### *Division Safety Coordinators*

Division Safety Coordinators are responsible for administering and overseeing the Hazard Communication Program at the division level. This includes providing information and assistance to supervisors in obtaining Material Safety Data Sheets (MSDS), and providing the required training.

### *Managers and Supervisors*

Managers and supervisors are responsible for ensuring that all elements of this Program, including hazardous substance lists, MSDS, labeling and training are implemented and provided to all employees who are exposed, or can reasonably expect to be exposed, to hazardous materials.

Supervisors are responsible for ensuring that every container and secondary container of hazardous materials

## *Hazard Communication Program*

are properly labeled as described below, and for replacing damaged or defaced labels.

Supervisors shall notify their employees of any hazardous materials they may be exposed to while working at a facility or project.

Supervisors shall notify other employees working nearby of any hazardous materials that are in use and that they may be exposed to, and provide an MSDS if needed or requested.

Supervisors shall communicate with contractors as described below.

### *Employees*

Employees shall notify their supervisor of any new hazardous material that is brought on to the worksite.

Employees shall label containers as described below.

## *Definitions*

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<i>Hazardous Materials</i>	Any substance which is a physical or health hazard, or is included on the Cal/OSHA Director's List of Hazardous Substances, or is listed in Section 12000 of Title 22, California Code of Regulations, Chemicals Known to the State to Cause Cancer or Reproduction Toxicity (Proposition 65 Substances).
<i>Physical Hazard</i>	A substance that is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric (ignites spontaneously in air at 130° F or less), unstable (reactive), or water reactive.
<i>Health Hazard</i>	A substance for which there is significant scientific evidence that acute or chronic health effects may occur in exposed employees. This includes carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes, or mucous membranes.

## *Hazardous Non-Routine Tasks*

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Periodically, employees are required to perform hazardous, non-routine tasks. Prior to starting work on such projects, each affected employee shall be given information by the supervisor about hazards to which he/she may be exposed during such an activity. This information shall include:

- Specific hazards.
- Protective and safety measures that shall be used.
- Measures the employee will take to lessen the hazards, including, when appropriate, ventilation, respirators, presence of another employee, emergency procedures, etc.

## *Contractors*

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To ensure that outside contractors work safely in and around CDFA facilities, they shall be provided with the following:

- A list of hazardous substance to which they may be exposed while at the jobsite.
- Access to the MSDS for each hazardous substance to which they may be exposed while working.
- Precautions and protective measures they may take to lessen the possibility of exposure to hazardous substances and/or conditions.
- An overview of the container labeling system used at the jobsite.

## *Container Labeling*

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No container of hazardous substances will be released for use until it is labeled, marked, or placarded. Supervisors are responsible for ensuring that every container of hazardous materials is properly labeled, tagged, or marked to identify the contents, the appropriate hazard warnings, and the name and address of the manufacturer. These labels, tags, and/or markings must be legible, in English, and prominently displayed on the container. No container shall be used or stored with a damaged or defaced label. Supervisors and employees are responsible to replace damaged and defaced labels immediately.

Supervisors shall ensure that all secondary containers (buckets, cans, pitchers, etc.) are labeled with either an extra copy of the original manufacturer's label or with generic labels that have a block for identity and blocks for the hazard warning unless the contents are to be used in their entirety during the work shift.

## *Hazard Communication Program*

### *Hazardous Substance Lists*

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Each supervisor shall maintain a list of all known hazardous substances present in the work area using the identity that is referenced on the appropriate MSDS. The list shall be updated annually and whenever new products are introduced. Each list will be kept with the MSDS at the worksite. Specific information on each noted hazardous substance may be obtained by reviewing the MSDS.

Each supervisor shall send a copy of this list to the Health & Safety Office.

### *Material Safety Data Sheets (MSDS)*

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Material Safety Data Sheets (MSDS) are prepared by manufacturers and suppliers of products that contain hazardous materials. The MSDS is provided to the users of the product to ensure that they have the necessary information to use the products safely, and are fully informed as to the associated risks and hazards. Each MSDS must include the following information:

- The chemical identity of the hazardous ingredients.
- Other ingredients, if it is a mixture.
- The manufacturer's name, address, and telephone number.
- Physical and chemical properties of the substance.
- The hazardous reactivity.
- Health hazard information, including emergency first aid procedures in the event of exposure, and progressive symptoms.
- Information regarding personal protective equipment (PPE) required when using the product.
- Storage, spill, and waste disposal procedures.
- Directions for shipping and transporting.
- Whether the hazardous ingredients are classified as carcinogens or potential carcinogens.
- Routes of entry into the body.

Supervisors are responsible for ensuring that copies of the MSDS for all hazardous substances to which employees at the worksite may be exposed are kept in the employee's work area, available for review each shift. Traveling crews shall carry the relevant MSDS with them. In addition, union representatives, Cal/OSHA,



## *Hazard Communication Program*

NIOSH, and the employees' physicians shall have access to the MSDS, if requested.

MSDS files shall be kept current with new or updated MSDS being added immediately. It is recommended that the "Date Received" be noted on each MSDS. Keep outdated copies of MSDS in a separate file. They are considered exposure records and shall not be discarded. The supervisor must notify employees of a new or revised MSDS within 30 days after receipt if the new information indicates significantly increased risks to, or measures necessary to protect, employee health. Copies of all MSDS shall be forwarded to the Health and Safety Officer in the Human Resources Branch (HRB).

It is the manufacturer's responsibility to ensure that the appropriate MSDS is provided to distributors and purchasers with their initial shipment, and with the first shipment after the MSDS has been updated. If the MSDS is not provided with the shipment (initial or updated versions) or is not complete, the supervisor must:

- Make a written inquiry to the manufacturer or importer responsible for the MSDS asking that the complete MSDS be provided. This must be done within seven working days of noting that the MSDS was not provided or is incomplete. *Keep a copy of this written inquiry for documentation.*
- If a response is not received within 25 working days, send a copy of the original written inquiry, along with a cover memo stating that no response or MSDS was received, to the Director of Industrial Relations, P.O. Box 42063, San Francisco, CA 94142, and send a copy to the Department of Food and Agriculture, Health & Safety Officer, 1220 N Street, Room A-151, Sacramento, CA 95814.
- If any individual requests the MSDS during this process, provide the individual with a copy of the written inquiry and any response. When the MSDS is received, provide the requestor with a copy of the MSDS within 15 days.

### *Employee Information and Training*

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Supervisors shall conduct health and safety orientation for new employees covering information and training based on the requirements and rights in the Hazard Communication Regulation (Section 5194(h)). The following topics will be covered:

- Operations in the employee's work area where hazardous substances are present.
- Location, availability, and content of this written Hazard Communication Program.
- Physical and health effects of the hazardous substances.

## *Hazard Communication Program*

- Methods and observation techniques used to determine the presence or release of hazardous substances in the work area.
- Methods to lessen or prevent exposure to hazardous substances through control, work practices, and personal protective equipment.
- Emergency and first aid procedures to follow if employees are exposed to hazardous substances.
- Location of the list of hazardous substances and MSDS.
- How to read labels and review MSDS to obtain appropriate hazard information.
- Each employee's right:
  - To personally receive information regarding hazardous substances to which they may be exposed.
  - To have his/her physician or union representative receive information regarding hazardous substances to which the employee may be exposed.
  - To be free from the fear of discharge or other discrimination when exercising his/her rights under the hazard communication program.

When new hazardous substances are introduced, the supervisor shall review the above items as they relate to the new substance and provide training about the new substance to employees.

All training must be recorded in accordance with the provisions of the Department's Illness and Injury Prevention Program (IIPP).

### *Distribution*

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Distribution of the above program includes all employees.

For more information on this Program, contact the Health and Safety Officer, Human Resources Branch, at (916) 654-1348 (CALNET 8-464-1348).

*Policy*

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All employees of the Department of Food and Agriculture (CDFA) should expect a safe and secure work environment. It is the policy of CDFA that any statement or acts by any person which, directly or indirectly, threatens, makes reference to or implies physical harm or violent actions toward an employee of CDFA will be taken seriously and will not be tolerated. This policy covers not only acts or threats of violence, but also harassment, intimidation, and other disruptive behavior.

It is also the policy of the CDFA that no employee may bring or possess firearms or other weapons within any state or local public building or property, or onto any property on which official business of the CDFA is being conducted.

*Authority*

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- Labor Code Section 6400 – Requires every employer to furnish a safe and healthful place of employment.
- Government Code Section 19572 – Prohibits workplace violence, discourteous treatment, negligence and/or recklessness, and specifies causes for discipline.
- Penal Code Section 71 – Prohibits any person from threatening any public officer or employee with unlawful injury, in order to cause the public officer or employee to refrain from doing any act in the performance of his/her duties.
- Penal Code Section 171(b) – Prohibits any person from bringing or possessing firearms and other weapons as described in this section within any state or local public building. Any person who brings or possesses any such items is guilty of an offense punishable by imprisonment in a county jail for not more than one year, or in the state prison.

*Responsibility*

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*Department Health  
& Safety Officer*

The Health and Safety Officer is responsible for distributing and maintaining a written Policy which informs CDFA personnel of the Department's commitment to furnishing a safe workplace free from violence, and assisting in providing required training.

The Health and Safety Officer is also responsible for investigating all reported threats and acts of violence.

## *Violence or Threats of Violence*

### *Departmental Services Branch*

The Departmental Services Branch is responsible for overseeing Headquarters building security and providing notification of security breach due to workplace violence to the appropriate parties.

The Departmental Services Branch is also responsible for providing emergency response personnel with area access information.

### *Learning & Development Center*

The Learning and Development Center is responsible for the overall management of the formal training of all CDFA personnel, and determining the need for additional training upon revision of the Policy.

### *Managers & Supervisors*

Managers and Supervisors are responsible for developing methods to ensure the training goals are accomplished and encouraging open communication with their employees.

Managers and Supervisors are responsible for notifying the Health and Safety Officer of incidents of workplace violence.

### *CDFA Employees*

All CDFA employees are responsible for adhering to the requirements of the Policy and attending formal training in the area of violence in the workplace.

All CDFA employees are responsible for reporting all threats and acts of violence to their supervisor or the Health and Safety Officer.

## *Disciplinary Actions*

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Statements or actions of a violent or threatening nature by employees to or against any person are a cause for disciplinary action under Government Code Section 19572, and may result in adverse action up to and including dismissal.

Accordingly, any threat of violence, subtle or direct, must always be reported, documented and investigated. As appropriate, law enforcement agencies may be contacted for guidance, assistance and investigation.

## *Responsibility to Report*

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We all have a responsibility to ourselves and our fellow employees to maintain a safe and secure working environment; therefore, any and all such statements or acts should be immediately reported by the person to whom the statements or acts

## *Violence or Threats of Violence*

were directed, or by any witness, to their immediate supervisor (or second-line supervisor if the immediate supervisor was involved in the incident being reported). By reporting these types of incidences, early intervention can be initiated.

All reports will be investigated and findings reported to appropriate staff. Appropriate disciplinary action, up to and including dismissal, may occur.

### *How to Report – Emergencies (Physical Assaults or Acts of Violence)*

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- Notify the California Highway Patrol (CHP) – DIAL 9-1-1.
- In Headquarters – DIAL 9-9-1-1.
- Notify immediate supervisor.
- Supervisor sends an email to the Health & Safety Officer to report the incident. (If a breach of building security is involved, also include the Chief, Departmental Services Branch, and building security (if applicable), in the email message.)
- Inform building security (if applicable) that the CHP are en route to the building.
- In Headquarters, inform Departmental Services that CHP are en route to the building.
- Immediately following the incident, the person reporting the incident completes Form SO-129, Violence/Threat Incident Report, and gives it to his/her immediate supervisor for review.

Following review, the supervisor sends the completed Form SO-129 to the Health and Safety Officer (the form should be put in a sealed envelope marked URGENT AND CONFIDENTIAL). The Health and Safety Officer will take immediate action and conduct the initial investigation with the assistance of the supervisor who received the report. If further action is required, the Health and Safety Officer will meet with an assessment team including the Division Director or designee, appropriate Human Resources Branch staff, Departmental Services Branch Chief, and Legal Office. If no further action is necessary, the Health and Safety Officer will confirm the incident and recommended disposition in a memorandum to the supervisor.

Management will take appropriate action.

### *How to Report – Non-Emergencies (Threats of Violence)*

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- Notify immediate supervisor.
- Supervisor sends an email to the Health & Safety Officer to inform them of the incident.

## *Violence or Threats of Violence*

- Immediately following the incident, the person reporting the incident completes Form SO-129 Violence/Threat Incident Report, and gives it to his/her immediate supervisor for review.

Following review, the supervisor sends the completed Form SO-129 to the Health and Safety Officer (the form should be put in a sealed envelope marked URGENT AND CONFIDENTIAL). The Health and Safety Officer will take immediate action and conduct the initial investigation with the assistance of the supervisor who received the report. If further action is required, the Health and Safety Officer will meet with an assessment team including the Division Director or designee, appropriate Human Resources Branch staff, Departmental Services Branch Chief, and Legal Office. If no further action is necessary, the Health and Safety Officer will confirm the incident and recommended disposition in a memorandum to the supervisor.

Management will take appropriate action.

### *Distribution*

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Distribution of the above policy includes all CDFA employees.

If you have any questions or need additional information, please contact the Department's Health and Safety Officer in the Human Resources Branch at (916) 654-0790 (CALNET at 8-464-0790).

# VIOLENCE/THREAT INCIDENT REPORT

**Parts I through IV should be completed by the employee reporting the incident. Part V should be completed by employee's immediate supervisor. Following review, send completed form to the Health & Safety Officer, Human Resources Branch (HRB), in a sealed envelope marked URGENT AND CONFIDENTIAL.**

## PART I

NAME & POSITION/CLASSIFICATION OF PERSON COMPLETING THIS FORM	
TELEPHONE NUMBER	DATE
NATURE OF INCIDENT	
<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Threat	

## PART II

NAME OF THREATENED EMPLOYEE (S) (last, first, m.i.)		MALE	FEMALE
UNIT OR BRANCH	CLASSIFICATION	TELEPHONE NUMBER	
SUPERVISOR'S NAME	CLASSIFICATION/TITLE	TELEPHONE NUMBER	

## PART III

ALLEGED OFFENDER'S NAME (last, first, m.i.)	MALE	FEMALE
UNIT OR BRANCH	CLASSIFICATION	TELEPHONE NUMBER
HOME ADDRESS (street, city, zip)	TELEPHONE NUMBER	

## PART IV

<b>TYPE OF INCIDENT</b>		
<input type="checkbox"/> In Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Telephone (if recording of incident is available, forward with this form)
<input type="checkbox"/> Other (explain)		
<b>LOCATION INCIDENT OCCURRED</b>		
<input type="checkbox"/> CDFA Office	<input type="checkbox"/> Employee Residence	<input type="checkbox"/> Alleged Offender's Residence
<input type="checkbox"/> Other (explain)		

ADDRESS WHERE INCIDENT OCCURRED (street, city, zip)

DATE OF INCIDENT	TIME OF INCIDENT
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[illegible]NATURE OF INJURY[illegible]

ADDRESS IF NON-CDFA EMPLOYEE (street, city, zip)

DESCRIPTION OF INCIDENT OR ACTIVITY, INCLUDING WHAT ALLEGED OFFENDER SAID WHICH IS CONSIDERED THREATENING (attach additional sheets if necessary)

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PART V

LAW ENFORCEMENT AUTHORITIES CONTACTED	AGENCY
<input type="checkbox"/> Yes <input type="checkbox"/> No	
WAS POLICE REPORT MADE?	REPORT NUMBER (if available)
<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACTION TAKEN BY AUTHORITIES	

IF POLICE REPORT MADE, FOLLOW UP, OBTAIN COPY, AND FORWARD TO HRB, HEALTH & SAFETY OFFICER  
Please attach any related documents, reports or pertinent information.

PART VI  
FOR HRB USE ONLY

DATE FORM RECEIVED IN HRB	DATE INVESTIGATIVE MEETING HELD
PERSONS PRESENT AT MEETING	
COMMENTS	

FOLLOW UP REQUIRED	ACTION TO BE TAKEN BY
<input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTES:	



**Electrical Blackout/Stage 3 Electrical Emergency Procedures**

March 2007

This document addresses the actions to be implemented by Animal Health and Food Safety Services (AHFSS) personnel to conserve energy and actions to take in the event of a Stage 3 Electrical Emergency and/or rolling blackouts.

**It is the policy of CDFA to maintain normal work hours, even during rolling blackouts and situations when CDFA is directed to turn off non-essential office equipment and lighting.** For all normal business operations, the hours of business will be 6:00 AM (06:00 hours) through 5:30 PM (17:30 hours). It is crucial to note that (1) the outages under a Stage 3 Emergency will be limited in duration, lasting little more than an hour, and (2) they will involve the minimum amount of interruption to service necessary to preserve the overall operation of the electricity system.

**PROCEDURES****Supervisor's Responsibilities**

**Supervisors at all CDFA locations are to ensure all employees are notified and are practicing appropriate energy conservation measures at their location.**

Supervisors are also responsible for:

1. Checking each evening at the close of business to ensure that employees are turning off equipment and lights.
2. Working with the local safety coordinator to obtain any necessary emergency lighting (flashlights, battery operated task lights, etc).
3. Surveying the work area on a regular basis to ensure any potential safety hazards are removed, particularly in hallways and exit paths.
4. Developing contingency plans for performance of work during emergency stages and possible rolling blackouts, including:
  - Identification of work areas where staff can relocate to maximize use of external lighting.
  - Identification of tasks that can be performed under these conditions.
  - Identification of locations of first aid kits and ensuring that the kits are stocked on a regular basis.
  - Identification of locations of emergency lighting such as flashlights, and ensuring that adequate

supplies of batteries are available.

- Identification of a back-up staff person to take the lead and coordinate activities in the event the supervisor is away from the office when a blackout occurs.
5. Implementing the blackout procedures as required.
  6. Accounting, in a blackout situation, for all of their staff present prior to the blackout, locating any missing personnel and assuring safety of staff and/or visitors as required.
  7. Obtaining appropriate approval to allow employees to leave the workplace when dependent care arrangements and situations where the safety of family members and/or home security is jeopardized.
  8. Obtaining appropriate approval to allow employees to leave the work place when health and safety concerns result from electrical outages.

Following are the energy conservation measures to be implemented in all AHFSS locations.

## **Conservation Measures**

### Lighting

1. Reduce all lighting loads in work areas to the minimum acceptable levels consistent with personal safety and security. Exercise caution to ensure that reduced lighting levels do not create an unsafe work environment.
2. Turn off lights in all unoccupied offices, computer equipment rooms, and storage areas.
3. Use task lighting wherever possible, and especially in areas with external lighting, instead of area lighting.

4. Because of the potential impact of reduced illumination levels, ensure that all walkways and corridors are free from obstructions and tripping hazards.
5. Custodial personnel shall turn lights on only as needed for custodial work and turn lights off when their work is done.
6. Security and safety lighting shall be held to the lowest acceptable levels. Decorative lighting, inside or outside, shall be switched off.

#### Heating and Cooling Systems

The following system adjustments will be negotiated by Departmental Services staff with the local building manager/owner:

1. All electric heating and HVAC loads will be reduced to the minimum levels required for health and safety.
2. Interior air shall not be cooled below 78 degrees F. unless such a temperature in a particular job or occupation may expose employees to a particular health and safety risk. Consider a declaration of casual dress code in anticipation of increasing office temperatures.
3. All "pre-cooling" options shall be employed for buildings during evening hours.
4. Building temperatures shall be allowed to fluctuate within an acceptable range in order to avoid wasteful over-control patterns. Simultaneous or alternate heating and cooling operations to maintain an exact temperature in work areas shall be avoided. This range may vary with each building's control system; the target range is plus or minus four degrees F. from the temperature set point, for a total fluctuation of eight degrees F.
5. Whenever possible, building operators shall operate and adjust controls to get optimum advantage from outside temperatures (e.g., using outside air economizers).

Supervisors and staff are to implement the following:

1. Windows and doors will be kept closed to prevent loss of conditioned air.
2. Blinds and window coverings on all south and west facing windows shall be opened in the morning and early afternoon to maximize use of external lighting and closed in mid-afternoon to minimize solar heat gain.

### Computer and Other Office Equipment

Many people have asked what they need to do to protect data and equipment in the event such outages occur. There are many steps we all can take to minimize loss of data, to protect equipment, and to provide better recovery when power is restored, including the following:

1. Since the peak period for electrical use generally begins about 4:00 pm it is recommended that supervisors work with their employees to arrange their work schedules in a manner that allows them to discontinue the use of their computers at that time. The remaining time in the employee's work day can be utilized to return phone calls, read work related publications, arrange calendars and workload for the next day, file materials and perform other non-computer tasks.
2. To minimize data loss to files that may be open and in use during a blackout, computers should be configured to automatically save work on a frequent basis (e.g. every 10 minutes). Consult your Branch IT representative for assistance if needed.
3. Staff will identify and mark with a red dot all computer equipment that needs to be "on" because it is "essential operations" equipment or the operation requires a continual supply of power (i.e., some types of printers). All computer equipment not identified with a red dot will be shut down at close of business, or when appropriate due to emergency conditions.
4. At least one staff person at each location should be trained on how to bring the servers down in the event of a blackout. The file servers are protected by uninterruptible power supplies (UPS's) however, this back up power provides only limited protection for a

short period of time. Therefore, it is essential that the servers be brought down as soon as possible to minimize the risk of data loss.

5. Use of photocopiers and printers shall be consolidated. Where possible, redundant printers and copiers shall be turned off and work shall be directed to nearby machines. During an emergency alert stage, major copy and print jobs (i.e., over 20 pages) shall be deferred whenever possible.
6. All non-essential printers, copiers and other electrical appliances, including coffee pots, microwaves, and toaster ovens shall be turned off when not in use and outside of normal business hours (6:00 am through 5:30 pm) unless the equipment is essential for after-hours operation. Do not turn off refrigerators.
7. At the end of the workday, staff will log off the network and turn off their computer equipment (hard drive, monitor, printer and other ancillary equipment).

**Maintenance of Operations in the event of a Blackout**

In view of the expectation that the outages will be limited to less than two hours, State agencies have been directed by the Department of General Services to **keep employees at their workplaces and maintain normal business hours during the period of rolling blackouts to ensure their safety.** Although loss of electrical service may compromise State operations, it is expected that some functions can be continued, and personnel efforts should be directed toward these. **Therefore staff will remain at work and only be released if advance approval is received from the Division Office.** Should a blackout occur, staff will follow the Blackout Procedures referenced later in this document and the steps of the Emergency Response Plan for their specific work location.

In Headquarters locations, Division Directors will be notified by Departmental Services if it is determined that an urgent situation exists that poses a health and safety risk for employees to remain at work. The Division Office will communicate to the Branch Chiefs any decisions to allow employees to leave work and the time they can be released. In field locations, the Regional Administrator/Supervisor in each Branch will contact their respective Branch Office who

## **Blackout Procedures**

will request approval from the Division Office prior to allowing staff to leave work. Site-specific determinations should take into account whether employees will be able to move about safely, including exiting the office/facility, if there is a blackout. In the interim, each supervisor is responsible for developing and communicating a contingency plan for staff to continue working during such an event. This would include consideration of moving staff from enclosed offices to areas with external lighting, etc.

Employee needs should be considered in deciding whether to grant leave during a rolling blackout, including dependent care arrangements and situations where the safety of family members and/or home security is jeopardized. Leave granted under these circumstances should not be charged as long as it is taken in accordance with this policy.

Following are the blackout procedures that have been implemented in the headquarters building. Similar measures shall be implemented in AHFSS field office locations. Where the building is managed by another agency, the site supervisor should collaborate with the building manager.

1. If you are in an office with “natural” light, remain where you are. If you are in an office without natural lighting, locate the emergency lighting (i.e., flashlight) in your work area and safely proceed to the area with natural light within your work assignment area pre-designated by your supervisor.
2. Assistance should be provided to any disabled employees or visitors to ensure that they are situated in a safe area.
3. Supervisors should account for all of their staff present prior to the blackout and attempt to locate any missing personnel and ensure that they are safe.
4. If minor injuries occur (e.g. bumps and scrapes), immediately administer first aid.
5. If there is a major injury, call 9-911 or using a cellular 911, then notify the emergency coordinator at (916) 654-0954 or cellular number (916) 425-6379. Send a messenger with a flashlight to the lobby area to meet an emergency team member and guide them to the injured person.

6. In order to avoid power surges when services are restored, turn off any equipment (PCs, printers, copiers, FAX machines, etc.) that was still in service (except Information Technology equipment that is operating on its own uninterruptible power supply). This will minimize heavy draw when power is restored; and will allow a better, more managed return to service for data equipment. If your PC or printer is plugged into a switched power strip, cycle the power strip switch to OFF.
7. Most PCs that run Windows 95/98/ME or NT will automatically run ScanDisk as soon as they are restarted. This utility is designed to check for damage that may have occurred to files because of the abnormal Windows shutdown brought on by the power outage. Do not interrupt this process! Allow it to complete, and note any errors that are reported. If there are errors, don't try to continue to use the system. Report the errors to your IT representative and seek his assistance before using your computer. The utility may report that the size of your hard disk being reported is not correct, and ask if you would like ScanDisk to fix it. If you receive this message, accept the utility repair and continue. This is normal for this situation, and does not need to be reported as a problem.
8. In order to determine when services are restored, leave a task light turned on.
9. Do not use candles for illumination; these are fire hazards. Use battery flashlights and lamps instead.
10. Avoid using elevators as much as possible. If you are in an elevator during an outage, remember that it is a limited duration event. Use the emergency phone to notify the building maintenance people of your situation. Do not try to climb out of the elevator!
11. Avoid unnecessary travel. Remember that traffic signals may go out of service, resulting in traffic jams and unusually hazardous situations.
12. Emergency coordinators should report for duty, offer assistance where needed and then stand by at their assigned emergency locations.

13. Zone wardens should check their areas and report conditions to the floor warden.

14. Floor wardens should report to their emergency location on their individual floors to receive information from the zone wardens regarding any injuries and any other reportable conditions.

15. After receiving reports from the zone wardens, the floor warden should report to the Command Center (Room 109). It may be appropriate in some situations for the public and/or staff to be evacuated during a rotating outage. If that becomes necessary, it will be coordinated from the Command Center with emergency team members.

**If an evacuation is ordered:**

1. Floor wardens should return to their assigned floors and initiate evacuation action.
2. Staff should evacuate as instructed by emergency team members.
3. Remain calm and do not run.
4. Follow all instructions given by emergency team members.



## **Site-Specific Procedures:**

### Animal Health and Food Safety Service – Division Administration – Room A-114

All Division staff, except for the Division IT Manager, is located in exterior offices and have enough lighting to enable them to safely move about. The Division IT Manager (located in Room A-135B) has been given a flashlight to keep at his workstation to assist him in safely navigating to a temporary workstation located in Room A-114.

### Milk and Dairy Foods Control Branch

*Headquarters – Room A-170*

*Oakland – 1515 Clay Street, Suite 803*

*Stockton – 2403 W. Washington St., Room 10*

*Fresno – 2550 Mariposa Street, Suite 305*

*Ontario – 1910 S. Archibald, Suite W*

Our Headquarters staff has been moved to locations with outside windows, with the exception of our IT person and the two reception-area staff. During a blackout, these staff will be able to share space in offices with natural outside light within Room A-170. Again, flashlights will be stored accessible to our reception-area staff that will need it most urgently in the event of a power failure.

Due to sufficient natural light at our Regional Offices, staff will move close to a window and continue work, posting lab results or reading up on trade journals. All Regional Offices will have flashlights, stored accessible to the Office Technicians for use in hallways, stairwells and/or restrooms. Also, first-aid kits will be ordered or updated in our regional offices, stored accessible to our Office Technicians.

### Animal Health Branch

*Headquarters – Rooms A-102, A-104-108, A-112, A-115-116, A-131, A-133, A-135*

*Redding – 2135 Akard Avenue, Suite 8*

*Modesto – 3800 Cornucopia Way, Suite F*

*Fresno – 2789 S. Orange Avenue*

*Ontario – 1910 S. Archibald, Suite Y*

Headquarters staff without lighting will move to offices with natural lighting. They have been supplied with flashlights at their workstations to assist when moving to other locations. Each person will have designated office space with lighting for temporary work as follows:

Dr. James Corbett/Mark Ashcraft - Room A-102

Anthony Diaz/Dr. Hector Webster - Room A-104

Donna Louie/Diane Davis - Room A-108

Dee Lewis/Dr. Kristin Charlton - Room A-106

Merry Wells/Zenny Mercado - Room A-112

Dr. Allen, Dr. Wilson, Dr. Castellan, Dr. Glover, Mike Villaneva, Dr. Hullinger, Shelly Blair - Room A-114

Each district field office has been supplied with first aid kits and flashlights. The Modesto, Ontario, and Fresno offices have enough natural exterior lighting to enable people to move about without any appreciable disruptions. The Redding office has no natural lighting and has developed an alternative work area located in the building breakroom for the clerical support and Supervisor. Redding veterinary staff will be directed to work in the field (they primarily work in the field on a regular basis).

#### Meat and Poultry Inspection

*Headquarters – Rooms A-122, A-124-126, A-128*

*Fresno – 2789 S. Orange Avenue*

*Norwalk – 12440 Firestone Blvd*

Headquarters personnel located in Room A-125 will relocate to Room A-126. Flashlights have been ordered and received and are kept at each workstation to safely guide them to lighted areas.

The Fresno and Norwalk offices have enough natural light to enable people to safely move about.

#### Bureau of Livestock Identification

*Sacramento – Rooms A-130, A-134, A-136, A-138, A-140 & A-167*

*Cottonwood – Cottonwood Inspection Station, 19340 Northbound I-5*

*Modesto – 3800 Cornucopia Way, Suite F*

*Hanford – 10449 24th Avenue, Lemoore, CA*

*Ontario – 1910 S. Archibald Ave, Suite Y*

In Headquarters, the Branch IT staff person located in Room A-167 is the only one that does not have exterior windows. During a blackout, he has been provided with a flashlight to navigate to one of the vacant workstations in Room A-130.

Our Northern, North Central and Southern CA District Offices have lots of windows. Our Hanford District Office does not have any windows, however, the building does have back-up generators to power the electrical in the event of a blackout. Staff has gone through several emergency power drills to make sure all works well.

#### **Material Safety Data Sheets:**

All District and Headquarter locations within Animal Health and Food Safety Services have MSDS binders located in a central area within each office; generally, in the clerical support areas. These binders are readily available to any OSHA inspector requesting to see them. Safety Procedural Binders, site-specific IIPP's and other emergency procedures were updated May 2001.

#### **Escape Routes:**

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CALIFORNIA DEPARTMENT OF  
FOOD & AGRICULTURE



## **Animal Health & Food Safety Services Written Respiratory Protection Program**

**May 2006**

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# Written Respiratory Protection Program

## Authority:

Title 8 California Code of Regulations Section 5144, Respiratory Protective Equipment (Ref: [T8 CCR §5144](#)).

## References:

[NIOSH Guide to Industrial Respiratory Protection](#),  
[Cal/OSHA Guide to Respiratory Protection at Work](#), and  
American National Standards Institute (ANSI) Z88.2-1992

## Introduction

This program specifies the standard operating procedures used to act in accordance with Cal/OSHA respiratory protection standard, Title 8 California Code Regulation, Section 5144. The basic purpose of a respirator is to protect the user from inhalation of hazardous atmospheres. When it is determined that a hazardous atmosphere exists, the first line of defense is to eliminate the hazard using engineering (ventilation) or administrative (work place practice) controls. If engineering or administrative controls are infeasible because of technical constraints, then respirators must be used to protect workers. Additionally, respirators must be used when airborne contaminant sources cannot be controlled to a level below their occupational exposure limits (e.g., certain maintenance and repair operations, emergencies, or during periods when ventilation system controls are being implemented).

There are many variables that affect the degree of protection provided by respirators and the misuse of respirators can be hazardous to employee safety and health. Selection of the wrong equipment, one of the most frequent errors made in respiratory protection, can result in the employee being exposed to increased concentrations of the harmful contaminant. Respirators that are not maintained and inspected can be less effective at reducing exposure to harmful contaminants, and can place a greater physical burden on the respiratory system. Respirators that are not clean can cause skin irritation or dermatitis. This program establishes standard operating procedures to ensure that respirators are selected, used, and maintained properly, and the potential hazards associated with misuse are eliminated.

## 1.0 Policy

It is the policy of California Department of Food and Agriculture (CDFA), Animal Health and Food Safety Services (AHFSS) to provide employees with a safe and healthful environment. The primary objective of this program is to prevent exposure to hazardous atmospheres. This will be accomplished, as far as is feasible, by elimination of those hazards or exposures through engineering and work practice controls. When control measures are not feasible or inadequate, respiratory protective devices may be required to achieve this goal. When employees are required to use respiratory protective devices they will do so in accordance with Cal/OSHA standards and other regulatory guidelines. To

ensure regulatory compliance and safety, any employee using a respiratory protective device shall comply with the provisions of this Respiratory Protection Program.

Each Division within the CDFA will develop and maintain a written respirator program, which is specific to the tasks and hazards at the work place. A list of the types of tasks and hazards covered by each written program will be developed and reviewed at least annually in accordance with Section 15.0, "Program Evaluation."

## **2.0 Purpose**

The potential for employee exposure to respiratory hazards exists during the performance of specific job duties within Animal Health and Food Safety Services. The purpose of this program is to ensure that all employees are protected from exposure to respiratory hazards. Controls such as ventilation and substitution of less toxic materials are the first line of defense. However, these controls are not always feasible for some operations, or they will not always completely control identified hazards. In these situations, respirators and other protective equipment must be used.

## **3.0 Scope**

3.1 The respiratory protection program applies to Animal Health and Food Safety Services employees, who may, in the course of their employment, work in atmospheres potentially hazardous to their health.

3.2 Mandatory use of Respirators

This program applies to all employees who are required to wear respirators during normal work operations and during certain non-routine or emergency operations. The requirement to wear a respirator is determined based on the employee's potential exposure to respiratory hazards.

3.3 Employees participating in the respiratory protection program do so at no cost to them. The expense associated with medical evaluations, training, and respiratory protection equipment will be borne by Animal Health and Food Safety Services.

3.4 Voluntary Respirator user See Section 5.2

## **4.0 Responsibilities**

4.1 Program Administrator

The Program Administrator is responsible for overseeing the respiratory protection program, monitoring the continuing effectiveness of this program, updating the written program, evaluating respiratory hazards, provide program evaluation, maintain records of respirator fit testing/training/medical evaluation, and ensure that all requirements are fully implemented. The designated Program Administrator is the Animal Health and Food Safety Services Director.

## 4.2 Branch Chiefs

The Branch Chief is responsible for program administration and implementation including supporting managers and supervisors to fully implement the program; responsibilities include:

1. Establishing and maintaining written policy and procedures governing the selection and use of assigned respirators, employee training, medical evaluations, and program evaluation;
2. Either performing or initiating requests for industrial hygiene services to ensure exposure evaluations are conducted;
3. Establishing medical evaluation protocols and contracting with a physician or other licensed health care professional (PLHCP) for worker medical evaluations;
4. Coordinating medical screening procedures with contract physicians and initiating requests for medical approval for potential respirator users and notifying managers supervisors when their employees are due for a medical evaluation;
5. Providing respirators when necessary to protect their employees and carrying out, or supervising the selection of respirators to ensure they are approved, applicable and suitable for the purpose intended;
6. Conducting, or supervising respirator training, fit-testing and assignment;
7. Ensuring that employees required to use respiratory protective equipment have proper training in the use of respiratory equipment;
8. Provide each user proper training and fit-testing prior to assignment and use of respiratory equipment;
9. Periodically inspecting workplace conditions where respiratory protection is required, or optionally worn to determine exposures and/or changing situations;
10. Routinely conducting random inspections to verify that respirators are properly used, cleaned, sanitized and maintained in accordance with the division written program.
11. Conducting annual evaluations of this program to assure full implementation, effectiveness and compliance with published standards;
12. Notifying employees when they are due for a medical evaluation; and
13. Maintaining Program records in accordance with [Section 14.0](#), Recordkeeping.

## 4.3 Supervisors/Managers

1. Responsible for contacting the respiratory program administrator when an atmospheric hazard is first suspected. This will ensure timely hazard assessment and proper respirator selection;



2. Responsible for ensuring that all respirator users have received medical approval, training, and fit testing as described in this program prior to the use of respiratory protective equipment;
3. Ensure that appropriate respiratory protective equipment is provided to employees and enforce the use of such devices when required; and
4. Conduct periodic inspections of respirators to ensure that devices are kept in good condition and maintained in a sanitary manner.

#### 4.4 Employees

1. Employees are responsible for wearing respiratory protective equipment when in hazardous atmospheres;
2. Inspect their respirator prior to every use to ensure proper working condition;
3. Responsible for the maintenance, cleaning, and storing of the respirators according to the requirements of this program;
4. Only the respirator for which the individual has been fitted shall be worn;
5. Malfunctioning respirators shall be reported immediately to supervisory personnel for repair or replacement;
6. Assigned “Go-Bag” must be maintained (stocked) with approved/fitted respirator and Personal Protective Equipment (PPE) at all times; and
7. Inspect respirator cartridge/filter to ensure expiration dates are current.

## 5.0 Limitations of Respirator Use

### 5.1 Respirator use is allowed under the following conditions:

1. Where engineering and/or administrative control of inhalation hazards is not feasible;
2. During the interim while engineering controls are under study or being installed; or,
3. During maintenance, non-routine operations, or emergencies.

### 5.2 **Exception:** Voluntary Respirator Users - the Branch Chief may approve the use of air-purifying respirators where an employee requests to wear one to provide an additional level of comfort and protection even though it is determined that a hazardous substance does not exceed the limits published by Cal/OSHA or adopted by the ACGIH TLV Committee.

The voluntary use of air-purifying respirators must be approved through the Branch Chief. Voluntary use of all respirator types (except Dust Masks) must comply with all elements of this program, including medical clearances.

5.3 The use of respirators shall comply with the following conditions:

1. Employees can only use respirators provided by Animal Health and Food Safety Services and approved by the National Institute for Occupational Safety and Health (NIOSH).
2. Employees shall not be permitted to wear a respirator without medical approval ([Section 10.0](#)) unless covered by the Exception outlined in [Section 5.2](#).
3. Employees shall not be permitted to wear a respirator without first receiving training in accordance with [Section 12.0](#).
4. Employees shall not be permitted to wear a respirator without being fit-tested in accordance with [Section 11.0](#) of this program to determine that the respirator provides a gas-tight facepiece-to-face seal.
5. Air-purifying respirators will not be worn for protection against airborne gas or vapor contaminants with poor warning properties -- odor or irritation effects not detectable or not persistent at concentrations equal to or less than the respective PEL or TLV, unless the cartridge is equipped with an "End-of-Service Life Indicator (ESLI)".
6. Eyeglasses cannot be worn with tight-fitting full-face respirators. Animal Health and Food Safety Services will provide a spectacle kit for any employee that requires vision correction to perform their work while wearing a full-face respirator.
7. Contact lenses may be worn with any respirator but must be approved by the Branch Chief.
8. Head coverings of any type cannot be worn under respirator straps or facepiece harnesses.

## 6.0 Respiratory Hazard Evaluation

- 6.1 The Program Administrator shall be responsible for hazard assessment in any situation where respiratory hazards are suspected. Respirators will be selected on the basis of the hazard(s) to which the employee may be exposed.
- 6.2 Proper hazard assessment requires knowledge of the job being performed, suspected contaminants, toxicity, airborne concentration, and the potential for oxygen deficiency.
- 6.3 Employees who believe that respiratory protection is needed during a particular activity should contact their supervisor/manager immediately. This information will be conveyed to the Program Administrator, who will ensure that the potential

hazard is assessed, and the results of the assessment are communicated to the employees.

## **7.0 Respirator Selection**

- 7.1 The type of respirator shall be determined by the Program Administrator and the Department Representative for each workplace with respiratory hazards.
- 7.2 All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification.
- 7.3 Respirators are selected on the basis of the hazards to which the employees are exposed. Respirator selection shall require consideration of the following:
  - 1. The nature of the hazard.
  - 2. The characteristics of the hazardous operation or process.
  - 3. The location of the hazardous area with respect to an area having safe respirable air.
  - 4. The period of time for which respiratory protection may be provided.
  - 5. The physical characteristics, functional capabilities, and limitations of various types of respirators.
- 7.4 The Program Administrator will ensure that breathing air for atmosphere-supplying respirators will be of high purity, meets quality levels for content, and does not exceed certain contaminant levels and moisture requirements.

## **8.0 Respirator Issuance**

- 8.1 Employee must first receive written medical authorization to use respiratory equipment. A copy of this authorization must be given to the respiratory program administrator.
- 8.2 Respirators are issued by the Animal Health and Food Safety Services after the employee(s) are designated to participate in the program or when proper size has been identified.
- 8.3 The employee must complete the medical evaluation, respirator training, and fit testing prior to any use of respiratory equipment.

## **9.0 Cartridge and Canister Warning System**

- 9.1 The useful service life of a cartridge or canister is defined by how long it provides employees with adequate protection from harmful chemicals in the air. The service

life of a cartridge depends on many factors, including environmental conditions (e.g., high humidity), breathing rate, cartridge capacity, the amount of contaminant in the air, and how many hours the cartridge is used each day.

- 9.2 For air-purifying respirators that protect against gases and vapors, a system must be in effect that will reliably warn respirator wearers of contaminant breakthrough. These systems include an end-of-service-life indicator (ESLI) or an established and enforced cartridge or canister change schedule.
- 9.3 If the cartridge/filter is soiled or breathing resistance is noticeable; change the cartridge/filter immediately.
- 9.4 The Branch Chief will establish a cartridge or canister change schedule. This schedule will be administered in accordance to the manufacturer's specification.

## **10.0 Physical Examination and Medical Surveillance**

- 10.1 The wearing of a respirator imposes additional physical and psychological stress on employees. Therefore, a medical evaluation will be performed by a physician or other licensed health care professional (PLHCP). A medical evaluation will be performed to establish if an employee can safely and effectively wear an assigned respirator. The evaluation will be conducted prior to respirator fit testing and training.
- 10.2 The medical evaluations may be performed annually or more frequently if the employee exhibits or reports any symptoms or conditions that would affect the use of respirators. In addition, some Cal/OSHA regulations for specific substances also contain requirements for medical examinations. Questions regarding regulations for specific substances (e.g., lead, arsenic, asbestos, etc.), including occupational carcinogens regulated by Cal/OSHA (Ref: T8 CCR Article 110, Regulated Carcinogens) should be directed to the Program Administrator.
- 10.3 The PLHCP will determine what health and physical conditions are pertinent and the frequency of reevaluating the medical status of respirator users.
- 10.4 The PLHCP will provide a written medical clearance to the Branch Chief and the employee. The PLHCP may also request additional medical tests prior to issuance of, or denial of a clearance. The Branch Chief will coordinate these additional medical evaluations.

The clearance provided by the PLHCP will classify the worker as:

- 1. Approved respirator use - no restrictions;
- 2. Approved respirator use - specific use restrictions; or
- 3. Not approved - no respirator use under any circumstances.

#### 10.5 OSHA Respirator Medical Evaluation Questionnaire

Branch Chiefs will provide each potential respirator user with a medical evaluation questionnaire furnished by the PLHCP. If the provider does not amend the Mandatory OSHA Respirator Medical Evaluation Questionnaire, then employees will be provided a copy of Appendix C (T8 CCR §5144). The “mandatory” medical evaluation questionnaire will be reviewed and updated at the time of each medical fitness determination.

- 10.6 Confidentiality of medical records will be maintained by the PLHCP. To assure medical confidentiality, each employee provided with a medical evaluation questionnaire will deliver to the PLHCP or their staff.

Note: Employees will NOT return completed questionnaires to their supervisor, Branch Chief, or Program Administrator.

#### 10.7 Medical Evaluation Questionnaire

See Appendix C: *Medical Evaluation Questionnaire*

- 10.8 Employees have an opportunity to discuss the questionnaire and medical examination with the PLHCP.

#### 10.9 Supplemental Information to Medical Providers

In addition the Medical Evaluation Questionnaire, the Branch Chief or employee’s supervisor will provide any changes in job assignment including duration and frequency of work tasks requiring respirator use, expected work effort, and additional protective clothing and equipment to the PLHCP.

#### 10.10 Medical Examination

A physician or other licensed health care professional (PLHCP) shall review the medical evaluation questionnaire submitted by each potential respirator user and the Supplemental Information provided by the Branch Chief and determine what, if any, physical examination is necessary. The physical examination is at the discretion of the PLHCP, and may include but is not limited to pulmonary function tests, electrocardiogram, and chest X-rays.

#### 10.11 Routine Annual Examinations

Medical reviews will be performed annually by a PLHCP to determine the continued medical fitness of individuals using respiratory protection. In addition, the results of periodic examinations will be compared with those from previous periodic exams to determine whether respirators being used are adequate. Special evaluations will be performed after prolonged absences from work for medical reasons or whenever a functional disability has been identified

10.12 Additional medical evaluation or medical re-evaluation for any employee when:

1. The employee reports medical signs or symptoms that are related to the employee's ability to use a respirator.
2. The PLHCP, supervisor, Branch Chief or Program Administrator observes that the employee is having a medical problem during fit testing or workplace respirator use.
3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee re-evaluation.
4. A change occurs in workplace conditions (e.g., physical work effort, type of respirator used, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on an employee.
5. The content of such additional medical evaluations will be determined by the PLHCP.

10.13 Exception to Medical Approval Requirement – Filtering Facepiece-Type Respirators (Dust Masks)

CDFA Branch Chiefs may allow the use of disposable [single-use] filtering facepiece (dust masks) for protection against low [less than the applicable PEL or TLV; i.e., non-hazardous] airborne concentrations of non-toxic particulates. Filtering facepiece (dust masks) may only be used when a hazard assessment indicates that airborne concentrations of particulates are below the respective PEL or TLV.

Use of disposable filtering facepiece (dust masks) under these restrictions does not require medical clearance or fit testing. However, training in the proper use of the filtering facepiece must be provided; each affected employee must be provided a copy of Appendix F.

## **11.0 Fit Testing**

- 11.1 To obtain adequate respiratory protection, a proper match must exist between the respirator and the wearer. Respirators that do not seal properly around an employee's face offer only the illusion of protection. To accommodate different face sizes, many manufacturers offer facepieces in several sizes and models.
- 11.2 The primary purpose of fit testing is to identify the specific make, model, style, and size of the respirator that is best suited for each employee. In addition, fit testing both provides an opportunity to check for problems with respirator use and reinforces respirator training by giving employees an opportunity to review the proper methods for putting on and wearing the respirator.

- 11.3 During any type of fit-testing, the respirator straps must be properly located and as comfortable as possible. Over-tightening the straps will sometimes reduce face piece leakage, but the wearer may be unable to tolerate the respirator during the work period. The facepiece should not press into the face and shut off blood circulation or cause major discomfort. At the time of respirator issuance, a visual inspection of the fit should always be made by a second person. That person should check to see that there are no visible openings/leaks (around the nose, for example) and that the respirator appears properly adjusted and comfortable.
- 11.4 Fit testing is required:
1. For all employees who are required to wear respirators with a tight-fitting facepiece.
  2. After an employee has completed their medical evaluation and prior to being allowed to wear any respirator with a tight fitting facepiece in the work environment.
  3. Whenever a different respirator is used.
  4. At least annually.
  5. When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).
- 11.5 Employees will be provided with several sizes of respirators so that they may find the optimal fit.
- 11.6 A qualitative fit test is a pass/fail test that is used to assess the adequacy of a respirator's fit by relying on a person's response to a test agent.
- 11.7 A quantitative fit test assesses the adequacy of a respirator's fit by numerically measuring the amount of leakage into the respirator.
- 11.8 Visual Impairment
1. Contact lenses may be permitted while wearing a respirator equipped with a full-facepiece, helmet, hood, or suit; prior approval by the Branch Chief is required.
  2. Prescription eye glasses with temple bars shall not be used while wearing a full-facepiece respirator.
  3. Special corrective lenses which are made to be mounted inside a full-facepiece respirator shall be used by a person who needs corrective lenses (request a spectacle kit from the Branch Chief).

11.9 Facial hair prevents a proper face-to-facepiece seal. A respirator shall not be worn if facial hair comes between the sealing periphery of the facepiece or if the facial hair interferes with the valve function.

1. Employees must be clean-shaven – mustaches must be trimmed so that hair does not interfere with the sealing surface of the respirator or the inhalation and exhalation valves.

## **12.0 Training and Information**

12.1 All Animal Health and Food Safety Services employees who participate in the Respiratory Protection Program shall receive initial and annual training in the requirements of this program.

12.2 Training shall include the following elements:

1. Why respirators are necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirators.
2. The limitations and capabilities of the respiratory equipment.
3. The selection, fitting, and proper use and care of their respiratory protective equipment.
4. How to inspect, put on and remove, use, and check the seals of respirators.
5. The purpose of and procedures for respirator fit testing.
6. The purpose of and procedures for the medical evaluation.

12.3 See Appendix A: *Use of Respirators*

## **13.0 Maintenance and Care of Respirators**

13.1 Sanitation

Respirators will be periodically washed with mild soap in warm water or in a sanitary solution recommended by the manufacturer. After washing, they will be rinsed in clean water, drained, and allowed to air dry in a clean place. Also, see Appendix B: *Respirator Cleaning Procedures*

13.2 Inspection

All respirators shall be inspected routinely before and after each use.

13.3 Storage



Respirators can be permanently damaged if they are not stored properly. They will be stored in a location separate from the work environment, away from sunlight, dust, moisture, extreme temperatures, and damaging chemicals.

#### 13.4 Repairs

Only NIOSH-approved manufacturer's replacement parts designed for that respirator will be used. Repairs will be made in accordance with the manufacturer's recommendations and specifications regarding the type and extent of repairs to be performed. If a respirator cannot be repaired or adjusted it will be discarded. Notify your supervisor/manager if repairs are needed.

### 14.0 Record Keeping

14.1 Access to Employee Exposure and Medical Records required by this section must be retained and made available in accordance with *T8 CCR*, Section 3204.

14.2 Documentation of employee's exposure shall be maintained by the Branch Chief and Human Resources Branch (Appendix H: Hazardous/Toxic Substance Exposure Record SO-35).

14.3 The Branch Chief shall maintain documentation of employee's respiratory fit testing. The Fit Test Record shall include the following:

1. Name and job classification of employee.
2. Examiner's name and date of respiratory fit testing.
3. The NIOSH approval respirator.
4. Testing media or equipment used.

#### 14.4 Record Retention

1. The Human Resources shall maintain Hazardous/Toxic Substance Exposure Record SO-35.
2. The Branch Chief shall maintain employee medical approval document, respirator training, and respiratory fit testing results for duration of employee's employment and comply with *T8 CCR*, Section 3204.

14.5 All records shall be provided to employees upon request.

### 15.0 Program Evaluation

15.1 The Program Administrator is responsible for conducting annual evaluations of Branch or Section workplaces. The annual program evaluation is required to ensure that the provisions of the respiratory protection program are being

implemented for all employees using respirators. More frequent evaluations may be conducted to ensure the continued effectiveness of the program. Evaluations of the workplace will determine whether the correct respirators are being used and worn properly and will also serve to determine whether the training program is effective. The purpose of the annual audit is to ensure:

1. Program policies and procedures are consistent with current accepted standards and regulations; and
  2. The programs implemented reflect the written policy and procedures.
- 15.2 Area supervisors/managers are responsible to periodically monitor employee use of respirators to ensure that they are being used and worn properly. Supervisors/managers will regularly consult with employees wearing respirators to ascertain the employees' views on program effectiveness and to identify any problems so that corrective action can be taken.
- 15.3 Audit findings will be documented on the Respiratory Protection Program Evaluation Checklist (see Appendix I). The audit documentation will be signed by the Branch Chief and the Program Administrator and include planned corrections and dates for completion. The following factors will be evaluated to determine program effectiveness:
1. Program administration;
  2. Industrial hygiene monitoring and classification of hazard;
  3. Respirators are correctly selected for the hazards encountered;
  4. Medical evaluation;
  5. Qualitative or Quantitative fit-test (respirators are properly fitted);
  6. Employee use - employees are able to wear respirators without interfering with effective workplace performance;
  7. Respirator cleaning, maintenance and inspection;
  8. Respirators are being maintained and stored properly;
  9. Employee training;
  10. Recordkeeping; and
  11. Special problems.

- 15.4 The Program Administrator will be responsible to correct any problems associated with wearing a respirator that are identified by employees or that are revealed during any other part of this evaluation.

## **Appendix A**

### ***Use of Respirators***

Once the respirator has been properly selected and fit tested, it is necessary to ensure that the respirator is used properly in the workplace. You should be aware of the following situations that can compromise the effective use of respirators and jeopardize workers' protection:

1. The person wearing the respirator fails to properly perform seal checks.
2. The person wearing the respirator is also using personal protective equipment or other equipment that interferes with the face-to-facepiece seal.
3. The respirator is not properly repaired, and its defective parts are not replaced.
4. Modifications are made to the respirator, or non-approved replacement parts are used.

In these circumstances, employees may have a false sense of security in feeling that they are protected when they are not.

Each time an employee uses a tight-fitting respirator, employees must perform a positive-pressure and/or a negative-pressure seal check by using the procedures provided in *T8 CCR*, Section 5144, Appendix B-1, *User Seal Check Procedures (Mandatory)* or equally effective manufacturer's procedures.

#### **Face-to-Facepiece Seal**

Employees who have facial hair or any condition that interferes with the face-to-facepiece seal or valve function must not use tight-fitting respirators.

#### **Positive Pressure Test**

It is conducted by closing off/covering the exhalation valve and exhaling gently into the facepiece. The respirator fit is considered okay if slight positive pressure can be built up inside the facepiece without any evidence of outward leakage around the face piece. For some respirators, this test requires that the wearer remove the exhalation valve cover. This removal often disturbs the respirator fit if not done before the respirator is put on. The test is easy for respirators whose valve cover has a single small port that can be closed by the palm or a finger.

#### **Negative Pressure Test**

This test is very similar in principle to the positive pressure test. For this test, the user closes off the inlet of the cartridges or filters by covering with the palms so it does not allow air to pass; inhales gently so the facepiece collapses slightly; and holds his/her breath for about 10 seconds. For some cartridges, users with small hands must use a secondary block - a latex or nitrile glove often works well.

If the facepiece remains slightly collapsed and no inward leakage is detected, the respirator probably fits tightly enough. This test of course, can only be used on respirators with tight-fitting facepieces. It also has potential drawbacks, such as the hand pressure modifying the facepiece seal and causing false results.

#### **Emergency Use of Respirators**

Respirators may only be used for emergency response if the exposure level to chemicals of concern can be established as less than IDLH and verified to be within the particular air purifying

respirator's protective capacity. Entry into unknown levels of chemical contamination may only be performed by qualified personnel, contract the Program Administrator. Staff will make the request for assistance and then isolate and deny entry into the area until the level of hazard can be identified.

## **Appendix B**

### ***Respirator Cleaning Procedures***

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B.

Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

#### **I. Procedures for Cleaning Respirators.**

1. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
2. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
3. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.
4. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
  - a. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,
  - b. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,
  - c. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
5. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
6. Components should be hand-dried with a clean lint-free cloth or air-dried.
7. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.
8. Test the respirator to ensure that all components work properly.

## **Appendix C**

### ***Medical Evaluation Questionnaire***

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle): Yes/No

Your employer must allow you to answer the questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year:
4. Gender: Male/Female
5. Your height:            ft.        in.
6. Your weight:            lbs
7. Your job title:
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
  - a. ☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. ☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
  - c. Have you worn a respirator (circle one): Yes/No
  - d. If "yes," what type(s):

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “yes” or “no”).

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No.
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): Yes/No
  - b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: Yes/No
  - b. Asthma: Yes/No
  - c. Chronic bronchitis: Yes/No
  - d. Emphysema: Yes/No
  - e. Pneumonia: Yes/No
  - f. Tuberculosis: Yes/No
  - g. Silicosis: Yes/No
  - h. Pneumothorax (collapsed lung): Yes/No
  - i. Lung cancer: Yes/No
  - j. Broken ribs: Yes/No
  - k. Any chest injuries or surgeries: Yes/No
  - l. Any other lung problem that you've been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
  - a. Shortness of breath: Yes/No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No
  - h. Coughing that wakes you early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you ever had any of the following cardiovascular or heart problems?
  - a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No



- d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. Any other heart problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures (fits): Yes/No
8. If you have ever used a respirator, have you ever had any of the following problems? (If you have never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No
13. Do you currently have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty fully moving your arms and legs: Yes/No
  - d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulty fully moving your head up or down: Yes/No
  - f. Difficulty fully moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If “yes,” do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If “yes,” name the chemicals if you know them:

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
- a. Asbestos: Yes/No
  - b. Silica (e.g., in sandblasting): Yes/No
  - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
  - d. Beryllium: Yes/No
  - e. Aluminum: Yes/No
  - f. Coal (for example, mining): Yes/No
  - g. Iron: Yes/No
  - h. Tin: Yes/No
  - i. Dusty environments: Yes/No
  - j. Any other hazardous exposures: Yes/No

If “yes,” describe these exposures:

4. List any second jobs or side businesses you have:

5. List your previous occupations:

6. List your current and previous hobbies:

7. Have you been in the military services? Yes/No

If “yes,” were you exposed to biological or chemical agents (either in training or combat):  
Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If “yes,” name the medications if you know them:

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours per week: Yes/No
- d. Less than 2 hours per day: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

- a. Light (less than 200 kcal per hour): Yes/No

If “yes,” how long does this period last during the average shift: \_\_\_\_ hrs. \_\_\_\_ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

- b. Moderate (200 to 350 kcal per hour): Yes/No

If “yes,” how long does this period last during the average shift: \_\_\_\_ hrs. \_\_\_\_ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_ hrs. \_\_\_\_ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8- degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using the respirator: Yes/No

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No
15. Will you be working under humid conditions: Yes/No
16. Describe the work you'll be doing while you're using your respirator(s):
17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):
18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of first toxic substance:  
Estimated maximum exposure level per shift:  
Duration of exposure per shift:

Name of second toxic substance:  
Estimated maximum exposure level per shift:  
Duration of exposure per shift:

Name of third toxic substance:  
Estimated maximum exposure level per shift:  
Duration of exposure per shift:

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, and security):

## **Appendix D**

### ***Definitions***

#### **Air-Purifying Respirator**

A respirator which cleans contaminants from the air via cartridges and/or filters before the air is inspired by the wearer. These are the most commonly used respirators and are available in half-mask, full-face or powered units.

#### **Approved Respirators**

Tested and listed as satisfactory, by the National Institute for Occupational Safety and Health (NIOSH). or jointly, by the Mine Safety and Health Administration (MSHA). 42 CFR 84 adopted in July 1995 gives NIOSH primary responsibility for certifying most respirators.

#### **Canister (Air-Purifying)**

A container filled with sorbents and catalysts that removes gases, vapors, and/or particulates from air drawn through the unit. Canisters rely on a variety of mechanisms for contaminant removal such as chemical absorption, adsorption, catalytic action, neutralization, and mechanical filtration.

#### **Cartridge**

A container filled with sorbents and catalysts that removes gases, vapors, and/or particulates from air drawn through the unit. Cartridges are smaller than canisters but are designed to work on the same principles.

#### **Confined Space**

An enclosure such as a storage tank, boiler, sewer, underground utility vault, tunnel or pit that is difficult to enter or exit and may contain atmospheric or physical hazards.

#### **Contaminant**

An irritating or potentially harmful material (gas, vapor, or particulate) which is foreign to the normal atmosphere.

#### **Exhalation Valve**

A device that allows exhaled air to leave a respiratory device and prevents outside air from entering through the valve.

#### **Face piece**

The portion of a respirator that covers the wearer's nose and mouth (a full-face piece also covers the eyes). The face piece should make a gas-tight or dust-tight seal with the face. The face piece is supported by headbands, and contains inhalation valves, exhalation valves and connectors for the air-purifying cartridges or filters.

#### **Filter**

A fibrous medium used in respirators to remove solid or liquid particulates from the air before it enters the face piece (this term may be used interchangeably with cartridge).

**Fume**

Airborne particulate formed by the evaporation of solid material e.g. metal fume emitted during welding.

**High-Efficiency Particulate Air (HEPA) Filter**

A filter designed to remove 99.97% of particulates which are 0.3 microns in diameter. HEPA filters are often referred to as absolute filters and are used to remove toxic respirable sized particles from contaminated air.

**IDLH Atmosphere**

An atmosphere ImmEDIATELY Dangerous to Life or Health. An IDLH atmosphere poses an immediate hazard to life, such as being oxygen deficient (containing less than 19.5% oxygen), or one which produces an irreversible debilitating effect on health.

**Inhalation Valve**

A device that allows air to enter the facepiece through the filtering media but prevents exhaled air from leaving the facepiece through the intake openings.

**Mine Safety and Health Administration (MSHA)**

Federal Agency that tests, approves and certifies respiratory protection equipment used in mine and mining operations.

**National Institute for Occupational Safety and Health (NIOSH)**

A Federal agency that tests, approves, and certifies respiratory protection equipment.

**Particulate Matter**

A suspension of fine solid or liquid particles in air, i.e. dust, fog, fume, smoke or sprays. Particulate matter suspended in air is commonly known as an aerosol.

**Particulate Filter Series N - P - R**

Effective July 1995 new performance criteria were established for particulate respirators. The new criteria eliminates classification of particulate filters according to hazard such as "dust mist fume" and provides for three levels of filter efficiency (95%, 99%, 99.97%). These efficiencies are available in a series of filter types known as N, R, and P (see the table below). These new respirators will afford a higher level of protection to a variety of workers including hospital employees needing protection from infectious tuberculosis, carpenters, painters, and farmers. NIOSH has established a three year transition period for instituting the new regulation. After July 10, 1998 all particulate respirators will have to be certified under the new criteria.

Efficiency	NaCl Test Aerosol	DOP Test Aerosol (oil resistant)	DOP Test Aerosol (very oil resistant)
95%	N95	R95	P95
99%	N99	R99	P99
100(99.97%)	N100	R100	P100

**Pesticide**

For the purpose of this manual, the terms "pesticide" and "pesticide chemical" are synonymous with "economic poison", as defined under the United States Department of Agriculture's (USDA) Federal Insecticide, Fungicide and Rodenticide Act (FIFRA).

**Protection Factor**

The overall protection afforded by a certain type of respirator as defined by the ratio of the concentration of contaminant outside a face mask or hood to that inside the mask while in a contaminated atmosphere. For example, if a half-mask respirator has a protection factor of 10, it may provide adequate protection in atmospheres where the contaminant concentration is up to 10 times the permissible exposure limit (PEL) for that specific contaminant.

**Qualitative Fit Test**

A test procedure to determine the effectiveness of the seal between the face mask and the wearer's face, usually performed during the fitting process.

**Quantitative Fit Test**

A scientifically-based test that measures numerically the extent of respirator fit and therefore can be used to assign a protection factor to a specific face-to-face piece seal.

**Resistance**

Opposition to the flow of air, as through a canister, cartridge or particulate filter.

**Respirator**

A device designed to protect the wearer from inhalation of harmful atmospheres.

**Self-Contained Breathing Apparatus (SCBA)**

A unit designed to provide the wearer with a respirable atmosphere independent of the ambient air. The air supplied by gas cylinder which is carried on the back of the wearer.

**Supplied-Air Respirator**

A hose-mask or hood type respirator where respirable air is supplied through an air hose connected to a compressed-air cylinder or air compressor.

**Vapor**

The gaseous state of a substance that is a solid or liquid at normal temperature and pressure.



## **Appendix E**

### ***Types of Respirators Used***

#### **1. Particulate Respirators – N, R, P Series**

Description: Effective July 1995 new performance criteria were established for particulate respirators. The new criteria eliminate classification of particulate filters according to hazard such as "dust mist fume" and provides for three levels of filter efficiency (95%, 99%, 99.97%). These efficiencies are available in a series of filter types known as N, R, and P (see the table below). These new respirators will afford a higher level of protection to a variety of workers including hospital employees needing protection from infectious tuberculosis, carpenters, painters, and farmers. NIOSH has established a three year transition period for instituting the new regulation. After July 10, 1998 all particulate respirators will have to be certified under the new criteria.

Efficiency	NaCl Test Aerosol	DOP Test Aerosol (oil resistant)	DOP Test Aerosol (very oil resistant)
95%	N95	R95	P95
99%	N99	R99	P99
100(99.97%)	N100	R100	P100

#### **2. Air Purifying Full Facepiece Respirators**

Description: Air-purifying full facepiece respirators work on the same principal as the half-mask respirators described above. The facepiece extends around the entire face, covering the eyes, nose, chin and mouth.

Advantages: Full facepiece respirators provide a better seal and therefore, more protection than particulate respirators. They also protect the eyes and face from irritating vapors, mists, and splashed chemicals.

Limitations: Full face respirators are heavier and often less comfortable for the wearer. Full face air purifying respirators cannot be used for all types of air contaminants and are limited by the type and capacity of the filters and cartridges used. Eyeglass wearers must assure that temple bars do not interrupt the face to facepiece seal. They cannot be used in oxygen-deficient atmospheres, or in atmospheres which have high concentrations of contaminants. Breathing may become difficult because of the additional effort required to draw air through the purifying media.

Applications: Full face respirators are used where a greater degree of respiratory protection is needed or where eye and face protection is desirable.

Assigned Protection Factor = 50.

**Appendix F**  
***Information for Employees Using Respirators***  
***When Not Required Under the Standard***

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not approved to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

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Employee Name (Printed)

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Respirator Type

---

Employee Signature

---

Work Tasks

---

Branch Chief

---

Date

**Appendix G**  
***Training Certification Form***

\_\_\_\_\_ Employee Name (printed)

I certify that I have been trained in the use of the following respirator(s):

\_\_\_\_\_  
\_\_\_\_\_

This training included the inspection procedures, fitting, maintenance and limitations of the above respirator(s). I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the unit(s) as described above and I understand the instructions relevant to use, cleaning, disinfecting and the limitations of the unit(s).

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Instructor Signature                      Date

**Appendix H****SO-35****DEPARTMENT OF FOOD AND AGRICULTURE****HAZARDOUS/TOXIC SUBSTANCE EXPOSURE RECORD****DIVISION OF:** \_\_\_\_\_**MONTH OF:** \_\_\_\_\_

**INSTRUCTIONS:** This form is to be completed on a monthly basis to document every exposure to a hazardous/toxic substance on the "Director's List" (Department of Industrial Relations). The supervisor is responsible for daily entries on this form and for maintaining it for one calendar year within the unit. Thereafter the supervisor is responsible for sending the form to the Health & Safety Officer in the Human Resources Branch.

EMPLOYEE NAME: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

SUPERVISOR'S  
PHONE NUMBER: \_\_\_\_\_

DATE	SUBSTANCE	LOCATION	DURATION	ACTIVITY CAUSING EXPOSURE	COMMENTS

**SO-35 (rev. 5/2004)**

**Appendix I**  
**Program Evaluation Form**

**RESPIRATORY PROTECTION PROGRAM**  
**ANNUAL EVALUATION**

Branch/Site: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Manager: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Document findings and planned corrections on continuation sheets, number items and sign.

<b>A. Program Administration</b>	<b>Yes</b>	<b>No</b>
1. Is there a written policy which acknowledges employer responsibility for providing a safe and healthful workplace, and assigns program responsibility, accountability, and authority?		
2. Is program responsibility vested in one individual who is knowledgeable and who can coordinate all aspects of the program at the jobsite?		
3. Can feasible engineering controls or work practices eliminate the need for respirators?		
4. Are there written procedure/statements covering the various aspects of the respirator program, including:		
Designation of an administrator; Name _____		
Respirator selection;		
Purchase of NIOSH certified equipment;		
Medical aspects of respirator usage;		
Issuance of equipment;		
Fitting;		
Maintenance, storage, and repair;		
Inspection;		
Use under special condition; and		
Work area surveillance (IH Monitoring).		

<b>B. Program Operation</b>	<b>Yes</b>	<b>No</b>
1. Respiratory protective equipment selection:		
Are work area conditions and worker exposures properly surveyed?		
Are respirators selected on the basis of hazards to which the worker is exposed?		
Are selections made by individuals knowledgeable of proper selection procedures?		
2. Are only certified respirators purchased and used; do they provide adequate protection for the specific hazard and concentration of the contaminant?		
3. Has a medical evaluation of the prospective user been made to determine physical and psychological ability to wear the selected respiratory protective equipment?		
4. Where practical, have respirators been issued to the users for their exclusive use, and are there records covering issuance?		
5. Respiratory protective equipment fit testing:		
Are the users given the opportunity to try on several respirators to determine whether the respirator they will subsequently be wearing is the best fitting one?		
Is the fit tested at appropriate intervals?		
Are those users who require corrective lenses properly fitted?		
Is the facepiece-to face seal tested in a test atmosphere?		
Are workers prohibited from wearing respirators in contaminated work areas when they have facial hair or other characteristics which may cause face seal leakage?		
6. Respirator use in the work area:		
Are respirators being worn correctly?		
Are workers wearing respirators at all times where required?		
7.a. Maintenance of respiratory protective equipment: <i>Cleaning &amp; Disinfecting</i>		
Are respirators in clean condition?		
Are proper methods of cleaning and disinfecting utilized?		

<b>B. Program Operation - continued</b>	<b>Yes</b>	<b>No</b>
7.b. Maintenance of respiratory protective equipment: <i>Storage</i>		
Are respirators stored in a manner so as to protect them from dust, sunlight, heat, excessive cold or moisture, or damaging chemicals?		
Are respirators stored properly in a storage facility so as to prevent them from deforming?		
7.c. Maintenance of respiratory protective equipment: <i>Inspection</i>		
Are respirators in a well-maintained condition?		
Are qualified individuals/users instructed in inspection techniques?		
7.d. Maintenance of respiratory protective equipment: <i>Repair</i>		
Are replacement parts available to the user?		
7.d. Maintenance of respiratory protective equipment: <i>Repair</i>		
Are replacement parts available to the user?		
8. Training:		
Are users and supervisors trained in this Program?		
Are users and supervisors trained in proper respirator use, cleaning, and inspection?		
Are users evaluated, using competency-based evaluation, before and after training?		
9. Recordkeeping:		
Are records maintained in accordance with the Program?		
Are medical records maintained by contract physician?		
Are backup records secured?		

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Evaluator (Program Administrator)

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Branch Chief

**Appendix J**  
***CDFA/AHFSS Respirator Fact Sheet***

**CDFA/AHFSS Respirator Fact Sheet**  
**Approved Types, Cal/OSHA Regulations, and Fit-Test Protocols**

***The following respirator types are approved for use by AHFSS personnel:***

AHFSS uses the N95, N100, half and full face tight-fitting respirators listed below. AHFSS personnel can only wear the respirators listed below if they have been medically cleared, fit tested, and trained. Most staff will be fitted/approved to use two respirators; a N95 or N100 and a Full Face APR respirator.

3M 9211 (N95)  
3M 8233 (N100)

If neither of the respirators listed above meets the AHFSS criteria (TSI Portacount Fit Factor of 100) for a proper fit then that person can not wear an N95 or N100 respirator and must be fit-tested with an alternate style respirator, the AHFSS Half-Face (HF) Air Purifying Respirator (APR) respirator is listed below.

3M 6000 series (HF)

If the employee can not meet the AHFSS criteria (TSI Portacount Fit Factor of 1000) for a proper fit with the listed HF APR respirator the individual can not wear a HF APR and must be fit-tested with the next higher level of respiratory protection, the Full-Face (FF) Air Purifying Respirator (APR). The AHFSS FF APR respirators are listed below.

3M 6000 series (FF)  
MSA Advantage 3000 (FF)

If the employee can not meet the AHFSS criteria (TSI Portacount Fit Factor of 2000) for a proper fit with any of the listed FF APR respirators the individual can not wear a FF APR and may be fitted and trained with the Powered Air Purifying Respirator (PAPR). The APHIS PAPR is listed below. (AHFSS staff **may** have access to APHIS PAPR)

3M Breathe Easy 10 PAPR

***AHFSS respirator selection and usage guidelines are based on the following Cal/OSHA Regulation (CCR Title 8 - 5144 Respiratory Protection):***

**General requirements:**

1. The employer shall select and provide an appropriate respirator based on the respiratory hazard(s) to which the worker is exposed and workplace and user factors that affect respirator performance and reliability.



2. The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.
3. The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH.
4. The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions, as applicable:

1. Procedures for selecting respirators for use in the workplace;
2. Medical evaluations of employees required to use respirators;
3. Fit testing procedures for tight-fitting respirators;
4. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
5. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;
6. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
7. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;
8. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and
9. Procedures for regularly evaluating the effectiveness of the program.

***AHFSS respirator fit test protocols are based on Cal/OSHA- Fit Testing Procedures (Appendix A of CCR Title 8 - 5144 Respiratory Protection), which are summarized below:***

OSHA-Accepted Fit Test Protocols

Fit Testing Procedures--General Requirements. The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.
2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.
4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.
5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item 6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.
6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator.
  - (a) Position of the mask on the nose
  - (b) Room for eye protection
  - (c) Room to talk
  - (d) Position of mask on face and cheeks
7. The following criteria shall be used to help determine the adequacy of the respirator fit:
  - (a) Chin properly placed;
  - (b) Adequate strap tension, not overly tightened;
  - (c) Fit across nose bridge;
  - (d) Respirator of proper size to span distance from nose to chin;
  - (e) Tendency of respirator to slip;
  - (f) Self-observation in mirror to evaluate fit and respirator position.
8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 or those recommended by the respirator manufacturer which provide equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.
9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.
10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.
11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.
12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.
13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which would interfere with respirator fit.

#### 14. Test Exercises:

The following test exercises are to be performed for all fit testing methods prescribed in this appendix. The test subject shall perform exercises, in the test environment, in the following manner:

- (a) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.
- (b) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.
- (c) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
- (d) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
- (e) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.
- (f) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)
- (g) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.
- (h) Normal breathing. Same as exercise (a).

Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.

#### ***TSI Portacount:***

Ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol. The ambient aerosol condensation nuclei counter (CNC) quantitative fit testing (Portacount TM) protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator, which allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee's own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

### **Portacount Fit Test Requirements:**

1. Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used by the fit test (e.g. NIOSH 42 CFR 84 series 100, 99 or 95 particulate filter) per manufacturer's instruction.
2. Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.
3. Check the following conditions for the adequacy of the respirator fit: Chin properly placed; Adequate strap tension, not overly tightened; Fit across nose bridge; Respirator of proper size to span distance from nose to chin; Tendency of the respirator to slip; Self-observation in a mirror to evaluate fit and respirator position.
4. Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or another model of respirator.
5. Follow the manufacturer's instruction for operating the Portacount and proceed with the test.
6. The test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
7. After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.

### **Portacount Test Instrument:**

1. The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.
2. Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance in this Appendix.
3. A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.

For further information regarding AHFSS respirator policy, contact:

Dr. Annette Whiteford, DVM  
AHFSS Director  
Phone No. (916) 654-0881

For further information regarding respirators and fit tests, contact:

Darrin Okimoto  
CDFA Industrial Hygienist/Health and Safety Officer  
Phone No. (916) 654-1348

## *Heat Illness Prevention Est. August 28, 2006 in Outdoor Places of Employment*

*Chapter 9 California Department of Food and Agriculture*

*Section 9.6*

*Subsection 9.6.5 Page 9.6.5.1*

### ***Policy***

It is the policy of the State of California and the Department of Food and Agriculture (CDFA) that all employees be protected from heat illness during the course of their work. It is also the policy that procedures be established, and that all employees required to work outdoors and their supervisors receive training to identify the risk factors, to control the employees' exposure to the environment, and to seek medical assistance in the event of illness.

### ***Authority***

Title 8, Section 3395, California Code of Regulations (CCR)

### ***Responsibility***

#### ***Health & Safety***

##### ***Office***

The Health & Safety Office (HSO) is responsible for providing information and direction to managers, supervisors and staff to prevent heat illness.

##### ***Learning &***

##### ***Development Center***

##### ***(LDC)***

The Learning and Development Center will establish the required training program for the prevention of heat illness and provide the training to all affected employees and supervisors.

##### ***Managers and***

##### ***Supervisors***

Managers and supervisors are responsible for ensuring that all elements of this policy are implemented.

Affected managers and supervisors shall attend the training as required.

Managers and supervisors are responsible for encouraging affected employees to drink water frequently and for reminding the employees of the steps to prevent heat illness.

In the event of an employee's heat illness, supervisors and/or managers are required to complete the necessary forms to report the incident and get medical assistance for the employee (forms available from Disability Management Unit).

*Heat Illness Prevention in Outdoor Places of Employment*

### ***Affected Employees***

Employees shall follow the established procedures to ensure their safety and prevent heat illness.

Employees shall report any incidents of heat illness to their supervisors.

Employees shall attend the training as required.

### ***Definitions***

***Acclimatization*** Temporary adaptation of the body to work in the heat that occurs gradually when a person is exposed to it.

Acclimatization peaks in most people within four to 14 days of regular work for at least two hours per day in the heat.

***Heat Illness*** A serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope, and heat stroke.

### ***Environmental Risk***

#### ***Factors***

Working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat from the sun and other sources, conductive heat sources such as the ground, air movement, workload severity and duration, protective clothing and personal protective equipment worn by employees.

### ***Personal Risk***

#### ***Factors***

Factors such as an individual's age, degree of acclimatization, health, water consumption, alcohol consumption, caffeine consumption, and use of prescription medications that affect the body's water retention or other physiological responses to heat.

### ***Preventative***

#### ***Recovery Period***

A period of time to recover from the heat in order to prevent heat illness.

***Shade*** Blockage of direct sunlight. Canopies, umbrellas and other temporary structures or devices may be used to provide shade. One indicator that blockage is sufficient is when objects do not cast a shadow in the area of blocked sunlight. Shade is not adequate when heat in the area of shade defeats the purpose of shade, which is to allow the body to cool. A car sitting in the sun does not provide

### ***Heat Illness Prevention in Outdoor Places of Employment***

acceptable shade to a person inside it, unless the car is running with air conditioning.

### *Provision of Water*

Employees shall have access to potable drinking water meeting the requirements of Sections 1524, 3363, and 3457 (Title 8, CCR). Where it is not plumbed or otherwise continuously supplied, it shall be provided in sufficient quantity to provide

one quart per employee per hour for the entire shift. Employees are encouraged to

drink eight (8) ounces of water every fifteen minutes when working outdoors in the

heat.

### *Access to Shade*

Employees suffering from heat illness or believing a preventative recovery period is

needed shall have access to an area with shade that is either open to the air or provided with ventilation or cooling for a period of not less than five minutes.

Such

access to shade shall be permitted at all times.

### *Emergency Response*

In the event an employee exhibits the signs and symptoms of heat illness, coworkers

are to assist the employee and follow the recommended guidelines as follows:

*Heat Exhaustion* Move victim to shade.

Remove or loosen clothing, shoes/boots, hats.

Fan victim.

Pour water and ice on victim.

Give victim plenty of liquids.

If necessary, seek emergency medical help or call 911.

*Heat Stroke* Seek emergency medical help immediately or call 911.

Lower victim's temperature quickly.

Immerse victim in water or soak clothes in water.

Massage victim with ice and fan vigorously.

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### *Access to Medical Facilities*

Employees working in the field should know where the nearest emergency medical

facilities are located. Likewise, when a field employee changes locations, he/she should know the address of or landmarks nearby the work location in the event emergency medical assistance is required. If medical assistance is necessary, provide clear and precise directions to the work site.

### *Distribution*

Distribution of the above policy/procedure includes all employees.  
If you have questions regarding this section, please contact the Health & Safety  
Office at (916) 654-0790.